STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49E215	A. BUILDING _____ B. WING _____	C 01/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE CONVAL CENTER-MATHEW	603 MAIN STREET MATHEWS, VA 23109

(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
E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 1/5/2021 through 1/6/2021. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. The census in this 60 certified bed facility was 48 at the time of the onsite survey.	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey and Abbreviated Standard Survey were conducted 1/5/2021 through 1/6/2021. The facility was in compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. However, corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaints were investigated during the survey. The survey sample consisted of 3 residents. The census in this 60 certified bed facility was 48 at the time of the onsite survey.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains	F 689		2/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/28/2021

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F 689	Continued From page 1 as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to supervise a resident (Resident #1) in a sample size of 3 residents. For Resident #1, the facility staff failed to provide supervision resulting in a left ankle fracture on 06/15/2019. This is harm. The findings included: Resident #1, a 97-year-old female, was admitted to the facility on 02/22/2017 and discharged on 04/15/2020. Diagnoses included but not limited to diabetes, chronic kidney disease, muscle weakness, and Alzheimer's disease. The Minimum Data Set with an Assessment Reference Date of 04/24/2019 was coded as a quarterly assessment. The Brief Interview for Mental Status was coded as "9" out of possible "15" indicative of moderate cognitive impairment. Functional status for transfers was coded as requiring extensive assistance. Moving from seated to standing position was coded as "2" meaning "not steady, only able to stabilize with human assistance." On 01/05/2021 and 01/06/2021, the clinical record was reviewed. A fall risk assessment dated 04/23/2019 documented a fall risk assessment score of "14." An excerpt under the header "Instructions" documented, "If the total	F 689	1. Resident #1 was treated immediately following the incident. Resident #1 no longer resides in the facility as of 04/15/2020. 2. The DON/designee will audit all current residents care plan who are at risk for falls that need supervision while up to ensure interventions are being followed. 3. The Clinical Educator will educate the current clinical staff and new hires on following the resident's interventions on the care plan of those requiring supervision while up. 4. The DON/designee will audit three team members weekly for four weeks and one team member weekly for eight weeks of their knowledge of interventions on care plans for those requiring supervision while up. The results of the audits will be reported at the QA meeting by the DON/designee for evaluation of compliance and ongoing monitoring for continuous improvement.	

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F 689	Continued From page 2	F 689		

score is 10 or greater, the resident should be considered at HIGH RISK for falls."

A focus on the care plan with an effective date of 01/01/2019 documented, "At Risk for Falls R/T [related to] Intermittent confusion, declined mobility, delusional thoughts (believes that she can walk unassisted)." An intervention dated 01/17/2019 related to this focus included but not limited to "Keep her in an area where she can be observed during periods of confusion/ when restless and agitated with attempts to get up unassisted."

A focus on the care plan dated with an effective date 06/15/2019 documented, "Actual fall found on floor in sunroom..

A nurse's note written by Licensed Practical Nurse A (LPN A) entitled "Unwitnessed fall" dated 06/15/2019 at 10:30 A.M. documented, "Resident has been reportedly up all night and noted very confused throughout the morning, resident has been leaning forward in her chair and attempting to touch her shoes, staff attempted to assist in control resident without success, resident found on floor next to her chair, noted left leg awkwardly bent backwards, vs [vital signs] 98.4 [temperature], 61 [pulse], 18 [respirations], 148/81 [blood pressure], 97% room air placed call to NP [nurse practitioner] on call with new orders received to send to ER [emergency room] to eval [evaluate], RR [responsible representative] made aware and came to the facility, left facility via 911."

An imaging report dated 06/15/2019 at 12:48 P.M. under the header, "Technique" documented, "Three-view evaluation left ankle." Under the

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F 689	Continued From page 3	F 689		

header "Reason for exam" it was documented, "fall." Under the header, "Impression" it was documented, " CT [computed tomography] recommended for further evaluation of potential medial malleolar and talar fractures."

A CT [computed tomography] imaging report dated 06/15/2019 at 2:40 P.M. under the header, "Exam Description" documented, "CT Ankle LT WO Contrast [computed tomography left ankle without contrast]. Under the header "Reason for exam" documented, "Possible fx [fracture] on XRAY." An excerpt under the header, "Report" documented, "There are nondisplaced medial malleolar and posterior malleolar distal tibial fractures."

On 01/05/2021 at 2:40 P.M., an interview with the Director of Nursing (DON) was conducted. When asked about Resident #1's unwitnessed fall on 06/15/2019, the DON stated that the fall occurred before her employment began at the facility. The DON stated that she began in March 2020". When asked if LPN A was available for an interview, the DON stated that LPN A no longer works at the facility. When asked about the process for managing a confused resident and referencing the intervention on Resident #1's care plan, the DON stated they have a common area called the sun room. The DON stated staff would take her for observation because there would be nursing staff to keep an eye on her. The DON also stated that she didn't know if either there was no staff person there, or if they just didn't see the fall happen. When asked about the expectation for monitoring a confused resident in the sun room, the DON stated she would want an aide there who stayed there to keep an eye on the resident. The DON stated that the intervention for

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F 689	Continued From page 4	F 689		

high fall risk is to have a nursing staff member in there [the sunroom] with them. That's why they are in there [the sunroom] to keep them [residents] from falling. The DON also stated "They must observe the person in order to provide the supervision called for in the care plan."

The facility staff provided a copy of their policy entitled, "Falls Policy." Under the header "Prevent falls and/or further injury by" and excerpt documented, "Determining the underlying causes of falls and implementing interventions that focus on that cause: ... staff monitoring, and responsiveness."

On 01/06/2021 at approximately 11:00 A.M., the administrator and DON were notified of findings and stated they had no further documentation or information to offer.