STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 02/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 02/17/21 through 02/22/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey. The census in this 120 certified bed facility was 88 at the time of the survey. The survey sample consisted of 6 resident reviews.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (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. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary	F 657		3/15/21

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

Electronically Signed | 03/08/2021

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F 657	Continued From page 1 team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review, clinical record review and in the course of a complaint investigation, the facility staff failed to review and revise the careplan following a fall incident for 1 Resident (Resident #1) in a survey sample of 3 Residents. The findings included: Resident #1 was admitted to the facility on 1/22/21, and discharged on 2/3/21. Diagnoses for Resident #1 included but were not limited to: unspecified fracture of the right femur, dementia with lewy bodies, metabolic encephalopathy, and hypertensive chronic kidney disease stage 3. Resident #1's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 1/25/21, was coded as an admission assessment. Resident #1 was coded on this assessment as having had a BIMS (Brief interview for mental status) score of 10, out of a possible 15, which indicated cognitive impairment. Resident #1 was also coded as having required extensive assistance of facility staff for transfers, dressing, bathing, bed mobility and toileting. On 2/18/21, a closed record review was conducted. This review revealed that Resident #1 had falls on the following dates: 1/23/21, 1/25/21, 1/26/21, 1/27/21, 2/1/21, and 2/3/21. Resident #1 had a "Falls Risk Assessment"	F 657	The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the centers allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated. F Tag 657 1. Resident #1 no longer resides in Center 2. All residents are at risk for deficient practice related to failure to update or revise care plan post resident fall 3. Staff development Coordinator or designee will educate all licensed staff on need to review or revise care plan for any resident fall. 4. All resident falls will be audited by DON or designee to ensure care plan has been reviewed or revised 5 days a week for 2 weeks, then every other day for 2 weeks , then every other week times 1 month . Any variances will be addressed accordingly .DON or designee will review and report audit findings to QAPI committee monthly times 2 months . 5. Date of compliance 3/15/21.	

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F 657	Continued From page 2	F 657		

completed on 1/25/21. Review of the careplan for Resident #1 read, "The resident has had an actual fall with no injury poor communication/comprehension, unsteady gait. Fall on 1/23/2021. Fall on 1/25/2021. Fall on 1/26/2021". This careplan was developed on 1/24/21. The listed interventions were: "low bed with mats, monitor changes in behavior, monitor for adverse effects of medications" all of which had a date created of 1/24/21. No further revisions or additions were made to this careplan following Resident #1's falls on 1/27, 2/1 or 2/3.

On 2/22/21 at 9:38 AM, an interview was conducted with LPN A. LPN A was asked what the purpose of the careplan is, LPN A stated, "to be able to tell the nurses and aides what the patient can do and what our plan is to get them home, plan with therapy is, etc". When asked if a person is at risk for falls or has falls would this be on the careplan, LPN A stated, "yes it would say they are at high risk and what interventions are in place". When asked if the careplan drives the care for the Resident, LPN A stated, "yes ma'am, exactly".

On 2/22/21 at 9:55 AM, an interview was conducted with LPN B. LPN B was asked about the purpose of the careplan, LPN B stated, "it tells us how to take care of the patient and what they need". When asked who uses this, LPN B stated, "the nurses, everyone should use it".

Review of the facility policy titled, "Falls Management Program" with an effective date of 11/01/19, read, "Fall Occurrence: Immediate Responsibility: A licensed nurse will review, revise, and implement interventions to the careplan".

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F 657	Continued From page 3 On 2/22/21 at 12:40 PM, the facility Administrator and Employee C, the Corporate Clinical Director, we made aware that Surveyor A had not seen any evidence of the careplan being reviewed, revised or interventions being implemented following each fall. No further information was provided. Complaint related deficiency.	F 657		