

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

PRINTED: 05/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495407	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2021
NAME OF PROVIDER OR SUPPLIER FALLS RUN NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 140 BRIMLEY DRIVE FREDERICKSBURG, VA 22406	
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 04/27/2021 through 04/29/2021. Four complaints (VA00050514- unsubstantiated, VA00050518- substantiated with unrelated deficiency, VA00049961 - substantiated without deficiency and VA00049962- substantiated without deficiency), were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. The Life Safety Code survey/report will follow.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656		5/17/21

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

TITLE

(X6) DATE

Electronically Signed

05/13/2021

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 656	<p>Continued From page 1</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, staff interview, facility document review and in the course of a complaint investigation it was determined that the facility staff failed to develop and/or implement the comprehensive care plan for one of eight residents in the survey sample, Resident #8.</p> <p>The findings include:</p> <p>Resident #8 was admitted to the facility with diagnoses that included but were not limited to chronic kidney disease, stage 4 (1), heart failure (2) and presence of a cardiac pacemaker (3).</p> <p>Resident #8's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 10/16/2020, coded Resident #8 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily</p>	F 656	<ol style="list-style-type: none"> 1. Resident # 8 has discharged from this facility. 2. All who reside at Falls Run Nursing and Rehabilitation have the potential to be affected. The DON/designee will audit current resident's care plans to ensure they are comprehensive and include resident specific treatments and interventions for CHF, renal disease, and pacemakers. 3. Clinical team and MDS nurses will be educated by the Regional MDS coordinator/ designee on comprehensive care plans to include resident specific treatments and interventions for CHF, renal disease and pacemakers. 4. MDS/ designee will audit all new 		

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F 656	<p>Continued From page 2</p> <p>decisions. Section G coded Resident #8 as requiring extensive assistance of two or more persons with bed mobility and transfers and one person for toileting. Section H documented Resident #8 as always being incontinent of the bladder and frequently incontinent of bowel.</p> <p>Resident #8 no longer resided at the facility and could not be observed during the survey dates.</p> <p>Review of the "Admission/Readmission Evaluation" dated "10/14/2020 20:00 (8:00 p.m.)" for Resident #8 documented the resident having a pacemaker and having generalized edema (swelling) on admission.</p> <p>On 4/28/2021 at approximately 9:45 a.m., a request was made to ASM (administrative staff member) #2, the director of nursing for the baseline and comprehensive care plan for Resident #8.</p> <p>On 4/28/2021 at approximately 10:30 a.m., ASM #2 provided a copy of Resident #8's care plan. ASM #2 stated that the baseline care plan was developed on admission and the comprehensive care plan was built on the baseline care plan so it was all contained in one document.</p> <p>The comprehensive care plan for Resident #8 dates initiated of 10/15/2020 and 10/20/2020 failed to evidence documentation for a focus on Resident #8's kidney disease, pacemaker or heart failure.</p> <p>The physician orders for Resident #8 dated "10/01/2020-10/31/2020" documented in part, - "ACE Wraps (compression bandage) to BLE (bilateral lower extremities) QAM (every morning)</p>	F 656	<p>admission charts in clinical review for presence of care plans to include resident centered disease management and treatments/ interventions. Variances will be corrected at that time. Results of audits will be presented to QAPI monthly until compliance is achieved or as directed by the QAPI committee.</p> <p>5. Date of compliance is 5/17/21.</p>		

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F 656	<p>Continued From page 3</p> <p>one time a day for edema and remove per schedule. Order Date: 10/18/2020..."</p> <p>- "Weight on admission and then weekly x 4 (for four weeks). one time a day for monitoring for 3 days and one time a day every Mon (Monday) for monitoring. Order Date: 10/15/2020."</p> <p>- "Furosemide Tablet (diuretic) (4) 80 MG (milligram) Give 80 mg by mouth one time a day for HF (heart failure); fluid retention. Order Date: 10/14/2020."</p> <p>The "Progress Notes" documented in part the following:</p> <p>- "10/14/2020 20:00 (8:00 p.m.) Admission. ...Edema is present Generalized edema, pacemaker..."</p> <p>- "10/16/2020 23:40 (11:40 p.m.) Physician Progress Note. ...Past medical history: ...Cardiac pacemaker placement... CHF (congestive heart failure) Monitor input and output...CKD (chronic kidney disease) Avoid nephrotoxic (damaging to the kidney) medication, Follow BMP (basic metabolic panel) (laboratory test), Afib (atrial fibrillation) (5), Denies any palpitation, Continue home medication, Patient denies any chest pain, shortness of breath, Follow patient vitals..."</p> <p>- "10/17/2020 15:00 (3:00 p.m.) Baseline Care Plan Checklist...Summary of residents medication, therapy orders, and dietary instructions shared. Social service needs and recommendations shared with resident/resident representative. Baseline care plan given to resident/resident representative. Name of Resident and/or Representative Receiving 48 hour baseline care plan: wife Recieved on: 10/21/2020."</p> <p>- "10/18/2020 11:24 (11:24 a.m.) Physician Progress Note. ... +1 pitting edema (6) to BLE (bilateral lower extremities)...Edema: States he</p>	F 656			

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F 656	<p>Continued From page 4</p> <p>typically has some edema to legs. Start ACE wraps to BLE QAM (every morning) for 12H (twelve hours) ..."</p> <p>On 4/28/21 at approximately 8:10 a.m., an interview was conducted with RN (registered nurse) #1. RN #1 stated that residents with a history of heart failure were monitored for weight gain and had interventions in place for edema ordered by the physician. RN #1 stated that residents with a history of heart failure were weighed daily at 7:00 a.m.</p> <p>On 4/28/21 at approximately 9:13 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that residents with a history of heart failure were monitored for shortness of breath, weight gain and swelling. LPN #1 stated that weights were completed daily to monitor for weight gain. LPN #1 stated that any significant weight gain was called to the physician or nurse practitioner immediately. LPN #1 stated that they reported a weight gain of three to five pounds in one day as a significant weight gain.</p> <p>On 4/28/21 at approximately 10:30 a.m., an interview was conducted with RN #3. RN #3 stated that weights were completed daily for residents with a history of heart failure and the physician was notified of a weight gain of three to five pounds within a week. RN #3 stated that residents who were prescribed diuretics were monitored for urination, weights and with lab testing.</p> <p>On 4/28/21 at approximately 3:00 p.m., a request was made to ASM #2, the director of nursing for the facility policy/procedure that staff follows for</p>	F 656			

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F 656	<p>Continued From page 5</p> <p>monitoring residents with a history of heart failure and to speak with the staff member responsible for developing and revising care plans.</p> <p>On 4/28/21 at approximately 3:30 p.m., an interview was conducted with RN #6, MDS coordinator. RN #6 stated that they completed the MDS for a resident and then follow up with the care plan to ensure that it is complete. RN #6 stated that when a resident was admitted to the facility the admitting nurse developed a preliminary care plan which they followed up with and completed. RN #6 stated that they reviewed the resident's diagnosis, medications that were prescribed, complications, behavioral concerns and any MDS triggers identified when completing the comprehensive care plan. RN #6 stated that the care plan should address heart failure, pacemaker and kidney disease. RN #6 stated that the staff use the care plan to manage the residents care. RN #6 stated that they had reviewed Resident #8's care plan and the heart failure, pacemaker and kidney disease were not addressed. RN #6 stated that they should have been on the care plan.</p> <p>On 4/28/21 at approximately 4:00 p.m., ASM #2 provided the facility policy, "COVID-19 (7) Transitional Weight Protocol" dated 6/2/2020. ASM #2 stated that they were following the policy during the timeframe that Resident #8 was in the facility. The policy documented in part, "...Newly admitted residents on the observation unit will have an admission weight taken, weekly weights will resume per policy once isolation is completed. Take extra care with newly admitted residents who are on isolation pending COVID-19 status confirmation. Residents diagnosed with CHF or other conditions that warrant closer</p>	F 656			

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F 656	<p>Continued From page 6</p> <p>weight monitoring should be reviewed by DON (director of nursing) and physician with the goal of taking fewest weights possible to observe status while minimizing resident exposure to common areas. This weight monitoring will be individualized based on resident condition and will include parameters of weight change that will trigger an intervention or MD (medical doctor) notification..."</p> <p>ASM #2 also provided a copy of the document, "Heart Failure" dated 11/19/2019 and stated that the nurses use as an educational document. The documented provided educational information directed towards the patient, however it failed to document guidance for staff on monitoring residents with a history of heart failure.</p> <p>On 4/29/21 at approximately 10:45 a.m., ASM (administrative staff member) #1, the administrator, ASM #4, the regional quality director and LPN #2, the assistant director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <ol style="list-style-type: none"> 1. Chronic kidney disease: Kidneys are damaged and can't filter blood as they should. This information was obtained from the website: https://medlineplus.gov/chronickidneydisease.htm 2. Heart failure: A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: 	F 656			

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F 656	Continued From page 7 https://medlineplus.gov/ency/article/000158.htm . 3. Pacemaker: A pacemaker is a small, battery-operated device. This device senses when your heart is beating irregularly or too slowly. It sends a signal to your heart that makes your heart beat at the correct pace. This information was obtained from the website: https://medlineplus.gov/ency/article/007369.htm 4. Diuretic: Diuretics help your body get rid of extra fluid. They are often called "water pills." This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000112.htm 5. Atrial fibrillation: A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html . 6. Pitting edema: Pitting edema occurs when fluid collects in the tissue. By pressing a thumb or finger firmly against the tissue for a few seconds, a dent can be produced. When the finger is withdrawn the dent may persist for several minutes. This information was obtained from the website: https://medlineplus.gov/ency/imagepages/2916.htm 7. COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and may different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS-CoV	F 656			

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F 656	Continued From page 8 and SARS-CoV, and now with the virus that causes COVID-19. The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown. This information was obtained from the website: https://www.cdc.gov/coronavirus/2019-ncov/faq.html#How-COVID-19-Spreads	F 656			