

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

PRINTED: 07/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/14/2021
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NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601
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{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit survey to the complaint survey conducted on 6/14/2021 through 6/15/2021 was conducted 7/13/2021 through 7/14/2021. One complaint [VA00052485 - unsubstantiated without deficiency] was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. The census in this 176 certified bed facility was 113 at the time of the survey. The survey sample consisted of 9 current resident reviews, Residents #101 through #104 and # 106 through #110, and one closed record review, Resident #105.	{F 000}	This Plan of Correction is submitted in accordance with established State and Federal laws. Submission of this Plan of Correction is not an admission of a deficiency existing or that a deficiency was cited correctly, it constitutes written allegation of compliance for the deficiency cited.	
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	F 657	F657 1. Corrective action has been accomplished for Resident #102 and #104. Resident #102's care plan has been revised to reflect the discontinued use of the fall mat. Resident #104's care plan has been revised to include an intervention for the 7/6/2021 fall. 2. A comprehensive review of current facility residents' fall care plans has been completed by the Director of Nursing to assure that fall mats and fall interventions are in place and care plans have been updated to reflect the current status of the resident. 3. Reeducation will be given to QA nurse and designated Care Plan nurse by Administrator regarding timely care plan revisions. In weekly Risk Management meetings the care plan nurse and/or QA nurse will review each fall or related fall intervention for the week and verify that the care plan has been updated to reflect any changes or added interventions that have been put in place. These checks will occur weekly times 4 weeks, then monthly times 2 months to assure continued compliance. The plan will be adjusted by the risk management team if issues are identified.	

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

Ramona J. Ringstaff

TITLE

Administrator

(X6) DATE

7/29/2021

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 657	<p>Continued From page 1</p> <p>resident's care plan.</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 clinical record review, staff interview and facility document review, it was determined that facility staff failed to review or revise the comprehensive care plan for two of ten residents in the survey sample, Residents # 102 and # 104.</p> <p>1. Facility staff failed to review or revise Resident # 102's comprehensive care plan for the discontinued use of fall mats.</p> <p>2. Facility staff failed to review or revise Resident # 104's comprehensive care plan for a fall on 07/06/2021.</p> <p>The findings include:</p> <p>1. Resident # 102 was admitted to the facility with diagnoses that include but not limited to: chronic kidney disease [1], chronic obstructive pulmonary disease [2] and anxiety. Resident # 102's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/07/2021, coded Resident # 102 as scoring a three [3] on the brief interview for mental status (BIMS) of a score of 0 - 15, three - being severely impaired of cognition for making daily decisions.</p> <p>On 07/13/2021 at 11:35 a.m., an observation of</p>	F 657	<p>4. The Director of Nursing and/or ADON will analyze/review for any patterns/trends regarding continued compliance issues and effectiveness of the plan for a period of six months and report to the QAPI Committee quarterly. If concerns are identified, the plan will be adjusted as the Committee may recommend.</p> <p>5. Completion Date: August 2, 2021</p>		

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F 657	<p>Continued From page 2</p> <p>Resident # 102's room revealed Resident # 102 lying in bed. Further observation failed to evidence fall mats on the floor next to the bed.</p> <p>On 07/13/2021 at 1:45 p.m., an observation of Resident # 102's room revealed Resident # 102 lying in bed. Further observation failed to evidence fall mats on the floor next to the bed.</p> <p>On 07/14/2021 at 8:42 a.m., an observation of Resident # 102's room revealed Resident # 102 sitting on the side of the bed eating breakfast. Further observation failed to evidence fall mats on the floor next to the bed.</p> <p>The comprehensive care plan for Resident # 102 with a revision date of 05/09/2021 documented in part, "Focus. Resident is at risk for falls related to impaired mobility. Revision on: 05/07/2021." Under "Interventions" it documented in part, "Low bed and floor mat. Revision on: 07/09/2021."</p> <p>The "Progress Note" for Resident # 102 dated 06/30/2021 documented, "Effective Date: 6/30/2021. 10:50 [a.m.]. Type: MD/NP [medical doctor/nurse practitioner] note. "D/C [discontinue] floor mats, she is not at risk for getting oob [out of bed] and no falls for extended time."</p> <p>The "Progress Note" for Resident # 102 dated 06/30/2021 documented, "Effective Date: 6/30/2021. 11:35 [a.m.]. Type: Nursing note. NP [Name of Nurse Practitioner] on wing saw resident gave following order 1) D/C floor mats no other orders at this time, POA [power of attorney] made aware."</p> <p>On 07/14/2021 at 10:20 a.m. an interview was conducted with LPN [Licensed practical nurse] #</p>	F 657			

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F 657	<p>Continued From page 3</p> <p>1. When asked to describe when a care plan is reviewed or revised, LPN # 1 stated, "When there has been a change in condition [with the resident], when something is added such as a catheter or if they come off of something or it is discontinued such as a catheter." When asked who was responsible to update the care plan when there is a change in condition LPN # 1 stated, "The unit manager or the care plan coordinator."</p> <p>On 07/14/2021 at 11:06 a.m. an interview was conducted with ASM [administrative staff member] # 2, interim director of nursing and interim care plan coordinator. When asked to describe when a care plan is reviewed or revised, ASM # 2 stated, "After a hospitalization, a decline or an event." When asked about evidence that the care plan was reviewed for appropriate interventions, ASM # 2 stated that there would be a note written. After reviewing the progress notes and comprehensive care plan as documented above for Resident # 102, ASM # 2 stated that they recalled the fall mats being discontinued but did not get to the care plan to make the change. ASM # 2 agreed that there was no evidence that the care plan was reviewed.</p> <p>The facility's policy "Care Plan" documented in part, "GUIDELINE: The company's guideline is to ensure interdisciplinary care plans (CP) are accurate and reflective of the patient/residents current medical needs. Care plans are to be periodically reviewed for accuracy and updated as needed. PROCEDURE: 2. CP will be monitored and reviewed and open to revision as circumstances change, quarterly, annually, and with significant changes. 11. The Care Plan will be available for review for all staff to consult for</p>	F 657			

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F 657	<p>Continued From page 4</p> <p>accuracy of care delivery. Recommendations for changes and updates can be made by staff to the Director of Nursing or designee with review by the interdisciplinary team."</p> <p>On 07/14/2021 at approximately 12:50 p.m., ASM [administrative staff member] # 1, administrator, ASM # 2, interim director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>[1] Kidneys are damaged and can't filter blood as they should. This information was obtained from the website: https://medlineplus.gov/chronickidneydisease.html.</p> <p>[2] Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html.</p> <p>2. Facility staff failed to review or revise Resident # 104's comprehensive care plan for a fall on 07/06/2021.</p> <p>Resident # 104 was admitted to the facility with diagnoses that include but not limited to: respiratory failure [1], shortness of breath and muscle weakness. Resident # 104's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/18/2021, coded Resident # 104 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 decisions.</p>	F 657			

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F 657	<p>Continued From page 5</p> <p>The "Progress Note" for Resident # 104 dated 07/06/2021 documented, "Effective Date: 7/6/2021. 13:18 [1:18 p.m.]. Type: Nursing note. Resident observed sitting on floor between WC [wheelchair] and bed, stated she attempted to get back in bed and slid to her butt. Assessed resident for injury, no injury noted, no complaint of discomfort or pain noted at this time. Referred resident to therapy for eval [evaluation] and treat for weakness and transferring."</p> <p>The facility's "First Responder Fall Report" for Resident # 104 dated 07/06/2021 documented in part, "Resident attempting to self transfer to bed and slid to floor." Under "Describe what you saw and/or heard when responding to the resident's fall" it documented, "I wanted to go to bed. Reeducated resident on importance of not self transferring. Resident verbalized understanding, resident referred to therapy for transferring." Resident stated 'I did not hit my head, I just sat on my butt.'</p> <p>Review of the comprehensive care plan for Resident # 104 with a revision date of 03/05/2021 failed to evidence documentation of a revision or review after Resident # 104's fall on 07/06/2021.</p> <p>On 07/14/2021 at 10:20 a.m. an interview was conducted with LPN [Licensed practical nurse] # 1. When asked to describe when a care plan is reviewed or revised LPN # 1 stated, "When there has been a change in condition [with the resident], when something is added such as a catheter or if they come off of something or it is discontinued such as a catheter." When asked who was responsible to update the care plan when there is a change in condition LPN # 1 stated, "The unit manager or the care plan</p>	F 657			

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F 657	<p>Continued From page 6 coordinator.</p> <p>On 07/14/2021 at 11:06 a.m. an interview was conducted with ASM [administrative staff member] # 2, interim director of nursing and interim care plan coordinator. When asked to describe when a care plan is reviewed or revised regarding a resident's fall, ASM # 2 stated that QA [quality assurance] had the responsibility to update the care plan for falls.</p> <p>On 07/14/2021 at 11:22 a.m. an interview was conducted with LPN [Licensed practical nurse] # 2. When asked to describe when a care plan is reviewed or revised regarding a resident's fall, LPN # 2 stated, "When I come in the following day I look at the risk management report to see if there was an incident, if there was a fall I look at the "First Responder Report" to make sure the paperwork matches the incident, date the care plan the day of the fall and any interventions." When asked about evidence that the care plan was reviewed for appropriate interventions LPN # 2 stated that if the care plan was dated with the recent fall it would be an indication that it was reviewed. When asked about Resident # 104's care plan not evidencing an update regarding their fall on 07/06/2021, LPN # 2 stated, "It was an oversight."</p> <p>On 07/14/2021 at approximately 12:50 p.m., ASM [administrative staff member] # 1, administrator, ASM # 2, interim director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] When not enough oxygen passes from your</p>	F 657			

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F 657	Continued From page 7 lungs into your blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/respiratoryfa ilure.html .	F 657			