

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

PRINTED: 10/14/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2021
NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)	F 656		5/28/21

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

TITLE

(X6) DATE

Electronically Signed

05/12/2021

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>(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</p> <p>(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).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR 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 record review, staff interview, and observation, the facility failed to develop and implement a comprehensive care plan for one of 27 sampled residents (Resident (R) 6) reviewed for care plans. The facility failed to develop a care plan to address R6's dental status/missing teeth.</p> <p>Findings include:</p>	F 656	<p>1. Resident 6 was re-assessed for dental concerns and a Comprehensive Care Plan was implemented by MDS the coordinator.</p> <p>2. All residents with missing/broken teeth have the potential to be affected by the deficient practice. Care plans were reviewed/revised and or developed</p>		

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F 656	<p>Continued From page 2</p> <p>Review of R6's electrical medical record (EMR), under the "Profile" tab indicated that R6 was admitted with the diagnoses which included unspecified dementia without behavioral disturbance.</p> <p>Review of an annual "Minimum Data Set (MDS)" assessment with an assessment reference date (ARD) of 09/11/20 in the EMR under the "MDS" tab, showed a "Brief Mental Status" assessment score of 3 of 15 and evidenced severe cognitive impairment. The assessment showed R6 had no broken or missing teeth, no broken dentures, and no mouth pain.</p> <p>Review of a quarterly MDS assessment with an ARD of 04/12/21 in the EMR under the "MDS" tab indicated R6 was not assessed for any dental pain or difficulty chewing.</p> <p>R6 was observed on 04/21/21 at 9:21 AM, sitting in a wheelchair in her room. Attempts to interview R6 at this time were unsuccessful; however, observation of R6 indicated that R6 had missing teeth.</p> <p>Review of care planning in the EMR under the "Care Plan" tab for R6 indicated there was no care plan developed to address her dental status or dental care.</p> <p>Review of R6's "Nursing Notes" in the EMR under the "Progress Notes" tab and documentation in the paper medical record under "Consults," as well as the "Physician Notes" indicated there was no documentation found that would indicate she received any routine, annual or emergency dental service.</p>	F 656	<p>following an audit of all residents with missing and or broken teeth.</p> <p>3. Education by the Regional MDS consultant to the Interdisciplinary team on development of Comprehensive Care Plan that reflects resident's dental status/missing teeth. MDS will review all care plans and correct based on assessment findings.</p> <p>4. Weekly audits of 5 residents will be completed x 4 weeks then monthly x 2 months by MDS and or, Risk Manager and or RN Supervisor to verify oral assessments are completed and a care plan is in place to reflect dental status. The DON and or designee will review audit findings and report finding to QAPI committee monthly x 3 months for further review and recommendations. COMPLETION DATE 5/28/21</p>		

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F 656	Continued From page 3 During an interview with Licensed Practical Nurse (LPN) 5 on 04/21/21 at 5:00 PM she said that R6 had no teeth and did not recall if R6 had seen a dentist. After review of current care plans, LPN 5 confirmed there was no care plan developed to address R6's dental status. Review of the facility's policy "Care Planning-Interdisciplinary Team," dated 2001, indicated "Our facility's Care Planning Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident."	F 656			
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing	F 700		5/28/21	

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F 700	<p>Continued From page 4 and maintaining bed rails. This REQUIREMENT is not met as evidenced by:</p> <p>Based on review of facility policy, record review, and staff interviews the facility failed to ensure for one of one resident reviewed for the use of side rails in a sample of 20 residents (Resident (R)3, that R3 had been assessed for the use of side rails, a physician's order had been obtained for the use of side rails, and a care plan developed with specific interventions for the use of the side rails. The assessment for the use of side rails indicated not needed, no physicians order was obtained and no care plan developed for R3.</p> <p>Findings include:</p> <p>The facility's "Bed Safety Policy", undated, read, "Our facility shall strive to provide a safe sleeping environment for the resident;" and "1. The resident's sleeping environment shall be assessed by the interdisciplinary team, considering the resident's safety, medical conditions, comfort, and freedom of movement, as well as input from the resident and family's regarding previous sleeping habits and bed environment;" and "5. If side rails are used, there shall be an interdisciplinary assessment of the resident, consultation with the Attending Physician, and input from the resident and/or legal representative;" and "8. Side rails may be used if assessment and consultation with the Attending Physician has determined that they are needed to help manage medical symptom or condition, or to help the resident reposition or move in bed and transfer, and no other reasonable alternatives can be identified."</p> <p>R3 was re-admitted to the facility according to</p>	F 700	<p>1. Resident 3 was reassessed for use of bed rail. Bed rail was not indicated and bed rails were removed.</p> <p>2.All residents with bed rails have the potential to be affected if bed rails are used without a physician's order and care plan, or if assessment indicates not recommended. All residents were reassessed for bedrail assessment to ensure any resident requiring or requesting use of bedrails have a physician order and care plan to reflect the use of bedrails.</p> <p>3.All nurses were educated by the DON/SDC on facility protocol for bedrail use to include bed rail assessment, consent, physicians' order and care plan to reflect use.</p> <p>4.Weekly audits of 5 residents will be completed x 4 weeks then monthly x 2 months by DON/Designee to verify if bed rails are in use then assessment, consent and a care plan is in place to reflect use. The DON and designee will review audit findings and report finding to QAPI committee monthly x 3 months for further review and recommendations COMPLETION DATE 5/28/21</p>		

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F 700	<p>Continued From page 5</p> <p>the "Face Sheet" found in the Electronic Medical Record (EMR) under the Details Tab with diagnoses including history of stroke and psychotic disorder with delusions.</p> <p>Review of R3's "Minimum Data Set" (MDS), with an "Assessment Reference Date" (ARD) of 01/21/21 indicated a "Brief Interview for Mental Status" (BIMS) Assessment could not be done, indicating the resident was severely cognitively impaired. Review of the Functional Status section of the MDS showed the resident required extensive assistance from staff for bed mobility. Review of the Restraint Section of the assessment indicated bed rails were not in use.</p> <p>The resident's "Physician's Orders," found in the EMR under the Orders Tab were reviewed and did not include an order for side rails on the resident's bed.</p> <p>R3's "Side Rail Screen", found in the resident's "Resident Data Set Annual Assessment" in the paper record and dated 01/21/21, indicated R3 did not need side rails on her bed, and indicated no side rails were in use for R3.</p> <p>The resident's "Care Plan", found in the EMR under the Care Plan Tab and dated 01/27/21 was reviewed and did not include a care plan for the use of side rails.</p> <p>R3 was observed laying in her bed with two ¼ side rails in the raised position at the head of her bed on 04/20/21 at 10:30 AM and 2:00 PM, on 04/21/21 at 3:00 PM, and on 04/22/21 at 3:00 PM and 5:24 PM.</p> <p>During an interview with the Administrator and the</p>	F 700			

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F 700	Continued From page 6 Maintenance Director on 04/23/21 at 9:25 AM, the Maintenance Director indicated R3's bed was inspected for the physical safety of the bed and rails annually, was most recently inspected in May of 2020, and had been deemed to be mechanically safe for use at that time. The Administrator stated a Side Rail Assessment had been done for R3 the prior evening (04/22/21) and based on the results of the assessment of the resident herself, the rails had been removed from R3's bed. The Administrator indicated R3's prior most recent Side Rail Assessment (referring to the Side Rail Screen dated 01/21/21) indicated the use of side rails was appropriate for R3 and stated, "She (R3) had rails because she was assessed and we felt she needed the rails, but according to last night's review we felt they (the side rails) could be removed." During an interview with the Director of Nursing (DON) on 04/23/21 at 10:08 AM, she stated, "(R3's) orders for side rails were not reinstated when she returned to facility from the hospital last fall. Orders for the rails and a Care Plan should have been in place (for use of the side rails). The bed rails were discontinued last night after we assessed her (R3) and the assessment indicated she no longer needs them."	F 700			
F 791 SS=E	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility-	F 791		5/28/21	

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F 791	<p>Continued From page 7</p> <p>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident:</p> <p>(i) Routine dental services (to the extent covered under the State plan); and</p> <p>(ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident-</p> <p>(i) In making appointments; and</p> <p>(ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and electronic medical record (EMR) review, the facility failed to provide dental services for 4 of 8</p>	F 791	<p>1. Resident 6, Resident 19, Resident 29, and Resident 48 were re-assessed with a dental assessment. Resident 6 was noted</p>		

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F 791	<p>Continued From page 8 residents (Resident (R) 6, R19, R29, R48).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of R6's EMR, under the "Profile" tab showed that R6 was admitted on 12/26/18 with diagnoses which included unspecified dementia without behavioral disturbance. <p>Review of an annual Minimum Data Set (MDS) assessment with an assessment reference date (ARD) 09/11/20 in the EMR under the "MDS" tab, showed a "Brief Interview of Mental Status, (BIM)" cognitive status of a score of 3 of 15, evidenced that R6 had severe cognitive impairment. The MDS assessment showed R6 had no broken or missing teeth, no broken dentures, and no mouth pain.</p> <p>Review of a quarterly MDS assessment with an ARD of 04/12/21 in the EMR under the "MDS" tab indicated R6 was not assessed for any dental pain or difficulty chewing.</p> <p>Review of "Nursing Notes" in the EMR under the "Progress Notes" tab and documentation in the paper medical record under "Consults," as well as the "Physician Notes" indicated there was no documentation found that would indicate she received any routine, annual or emergency dental service.</p> <p>Review of care planning in the EMR under the "Care Plan" tab for R6 indicated there was no care plan developed to address her dental status or dental care.</p> <p>During an interview with Licensed Practical Nurse (LPN) 5 on 04/21/21 at 5:00 PM she said that R6</p>	F 791	<p>to have missing teeth. Resident 19 was noted to have missing teeth. Resident 29 was noted to have missing teeth. Resident 48 was noted missing teeth.</p> <ol style="list-style-type: none"> All residents with missing or broken teeth have the potential to be affected by not having routine dental services. Consulting Dental Agreement Amendment was added and arrangements have been made to provide resident routine/emergency dental services as needed. All residents in facility had current dental assessment completed with issues addressed with dental appointments when indicated. Education was provided for the administrator by the Regional Director of Operations on 5/10/2021 addressing routine dental services. Weekly audits of 5 residents will be completed x 4 weeks then monthly x 2 weeks by DON/Designee to verify all dental needs are met. The DON and designee will review audit findings and report finding to QAPI committee monthly x 3 months for further review and recommendations. 		

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F 791	<p>Continued From page 9</p> <p>had no teeth. She did not recall if R6 had seen a dentist.</p> <p>R6 was observed on 04/21/21 at 9:21 AM, sitting in a wheelchair in her room. Attempts to interview R6 at this time were unsuccessful, however observation of R6 indicated that R6 had missing teeth.</p> <p>2. Review of R19's EMR under the "Profile" tab indicated R19 was admitted to the facility on with diagnoses which included GERD (gastro-esophageal reflux disease.), and dysphagia.</p> <p>Review of an annual MDS with an ARD of 07/09/20 in the EMR under the "MDS" tab indicated R19 exhibited no dental issues such as missing or broken teeth.</p> <p>Review of R19's paper record indicated she received emergency dental care on 09/17/20 when she was seen by a dentist for removal of a non-restorable tooth and severe periodontitis (a serious gum disease that can damage gums and destroy the jaw bone.</p> <p>Review of an annual MDS with an ARD of 03/03/21 in the EMR under the "MDS" tab indicated R19 had obvious or likely cavity or broken teeth.</p> <p>Review of R19's current care plans in the EMR under the "Care Plan" tab indicated a care plan was developed to address R19's obvious of likely cavity or broken teeth.</p> <p>Review of "Nursing Notes" in the EMR under the "Progress Notes" tab and documentation in the</p>	F 791			

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F 791	<p>Continued From page 10</p> <p>paper medical record under "Consults," as well as the "Physician Notes" indicated there was no documentation found that would indicate R19 received any routine or annual dental service that had the potential to prevent emergency dental treatment.</p> <p>3. Review of R29's EMR under the "Profile" tab showed R29 was admitted to the facility with diagnoses which included dysphagia (difficulty swallowing) and GERD.</p> <p>Review of R29's admission MDS with an ARD of 08/02/19 in the EMR under the "MDS" tab showed R29 exhibited obvious or likely cavity or broken teeth.</p> <p>Review of R29's recent quarterly MDS with an ARD of 03/19/21 in the EMR under the "MDS" tab showed R29's dental status was not assessed.</p> <p>Review of care planning for R29 showed a current "Care Plan" in the EMR under the "Care Plan" tab which addressed R29's missing teeth.</p> <p>Attempts to assess R29's dental status during an interview on 04/21/21 at 9:32 AM were unsuccessful because R29 refused to open her mouth for the surveyor.</p> <p>During an interview with Licensed Practical Nurse (LPN) 5 on 04/21/21 at 5:00 PM she said that R29 had missing teeth. She did not recall if R29 had seen a dentist.</p> <p>There was no documentation in the EMR or the paper record to indicate that R29 received any routine, annual or emergency dental services.</p>	F 791			

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F 791	<p>Continued From page 11</p> <p>4. Review of R48's EMR under the "Profile" tab showed R48 was admitted to the facility with diagnoses which included diabetes and Bipolar disorder.</p> <p>Review of R48's EMR showed an annual MDS with an ARD of 01/12/21 under the "MDS" tab revealed that R48 was edentulous (without teeth.).</p> <p>During an interview with R48 on 04/20/21 at 3:12 PM, R48 stated "I have no teeth and have asked for teeth for a while." R48 denied that she had seen a dentist.</p> <p>Review of care planning for R48 showed a current care plan in the EMR under the "Care Plan" tab was developed to address R48's dental issues. The care plan indicated R48 refused to wear her dentures because they did not fit correctly.</p> <p>During an interview with the Social Service Director (SSD) on 04/22/21 at 4:32 PM, the SSD said she assisted in setting up dental appointments for the residents. She said she had looked back in all available documentation related to any routine or emergency dental care that these residents might have received and was unable to find any documentation to show that any routine or emergency dental care was received by R6, R19, R29, and R48.</p> <p>During an interview with the Administrator on 04/22/21 at 4:25 PM, the Administrator said the facility has a new contract as of 12/20/20, with a dentist to provide routine services to residents. The Administrator said that prior to the COVID 19 pandemic residents saw the dentist of their</p>	F 791			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2021
NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847		
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F 791	Continued From page 12 choice, but the facility was not providing for any routine dental appointments. She said that during the COVID 19 pandemic the facility did not have a provider to give routine dental care to the residents. Review of the facility's policy revised 12/16 and titled "Dental Services" indicated " ... routine and emergency dental services are available to meet the residents needs in accordance with their plan of care...Social Service representatives will assist the resident with making appointments and transportation"	F 791			