

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

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2019
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NAME OF PROVIDER OR SUPPLIER SPRINGTREE HEALTHCARE & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3433 SPRINGTREE DRIVE ROANOKE, VA 24012
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 8/27/18 through 8/28/18. Two complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 120 certified bed facility was 111 at the time of the survey. The survey sample consisted of three current resident reviews (Resident #C1, C3, and C4) and one closed record review (Resident #C2).	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that	F 580		10/1/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/15/2019
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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 580	<p>Continued From page 1</p> <p>all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interviews, review of clinical records, and review of facility documents, it was determined the facility staff failed to timely notify a resident's representative and medical provider of a change in skin condition for one (1) of four (4) sampled residents (Resident #C1).</p> <p>The findings included:</p> <p>Facility staff members failed to notify Resident #C1's medical provider and responsible party of a change in the resident's skin assessment. On</p>	F 580	<p>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 center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.</p>		

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F 580	<p>Continued From page 2</p> <p>Saturday, 5/25/19, Resident #C1's adult child discovered an area of skin impairment on Resident #C1's left arm. The facility staff's investigation into this area of skin impairment identified that facility staff members had knowledge of changes in the resident's skin prior to it being identified by the resident's adult child. No evidence, was found by or provided to the surveyor, to show the facility staff notified the resident's responsible party or the resident's medical provider prior to the skin area being found by the resident's family member.</p> <p>Resident #C1 was admitted to the facility 5/23/14. Resident #C1's diagnoses included, but were not limited to: heart failure, high blood pressure, pneumonia, diabetes, and dementia. Resident #C1's quarterly minimum data set (MDS) assessment, with an assessment reference date (ARD) of 6/18/19, had the resident assessed as rarely/never understood therefore a BIMS (Brief Interview for Mental Status) score could not be obtained; this assessment also had the resident assessed as requiring total dependence on staff for bed mobility, transfers, dressing, eating, and personal hygiene.</p> <p>The following information was found in a facility policy/procedure titled "Injuries Unknown Origin" (with an effective date of 11/4/16): "Injuries of unknown origin (injuries not witnessed or patient cannot state what happened) will be handled the same as an allegation of mistreatment, neglect, or abuse and must be reported to the Center Administrator ... For all patients involved in the incident with injury, a licensed nurse must notify the following: a. Attending Physician b. Responsible Party ..."</p>	F 580	<ol style="list-style-type: none"> 1. Resident # C1's responsible party and provider notified of skin impairment May 25th 2. Current residents' weekly skin assessments were reviewed to ensure notification of provider and responsible party (RP) for any new skin impairments. Corrections were made as necessary. 3. Current licensed staff were educated regarding professional nursing standards to notify provider and RP with changes of condition to include skin impairments. Nurse managers will review completed skin assessments and wound sheets to assure documentation of communication is included. Nurse administration will review a 10% sample of completed skin assessments weekly x 4 weeks to ensure identified impairments are communicated to MD and RP. Corrections will be made if necessary. 4. Process will be reviewed in QA committee for one quarter. 		

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F 580	<p>Continued From page 3</p> <p>The following information was found in a facility policy/procedure titled "Documentation and Notification" (with an effective date of 2/1/15): "The Unit Manager is responsible for ensuring that notifications by the Charge Nurses to physicians and responsible parties regarding a change in the care of the patient have properly occurred ... The Charge Nurse is responsible for notifying the Physician (MD) and/or the Responsible Party (RP) whenever there is a change related to the care of the patient. Notification will occur when there is a: ... change in the patient's condition ..."</p> <p>The following information was found documented as part of a late-entry nursing progress note documented for 5/25/19 at 10:30 a.m.: "On assessment this a.m. a [sic] area of what looked to be dermatitis was noted to left inner forearm below the ac (antecubital). Area did not look infected. There was some scattered small fluid filled blisters along with healing ones that were scabbed over. Area measured approximately 10cm x 4.5cm with irregular edges. Resident responded to this nurse when asked if (he/she) was in any pain by shaking (his/her) head no. This nurse spoke with staff involved in the care of resident who reported that resident had not been involved in any type of trauma or injury to (his/her) arm. A full head to toe assessment completed and no other impairments of this nature noted. (Adult child - name omitted) at bedside and aware of skin irritation. (Adult child's name omitted) was upset at this time due to fact that (his/her parent) has this place on (his/her) arm. (He/She) voiced (his/her) opinion that (he/she) felt like a [sic] injury had occurred during bedside care. Again the staff involved in (the patient's) bedside care was asked about any</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>possible injuries during patient care and was reported to this nurse that no injury or trauma had occurred. (Physician's name omitted) was notified at this time, awaiting (the physician's) response. Will continue to monitor."</p> <p>On 8/28/19 at approximately 8:30 a.m., the facility's Director of Nursing (DON) and Assistant Director of Nursing (ADON) were interviewed about the Resident #C1's left arm skin impairment. It was confirmed that the resident's family member brought the skin impairment to the facility staff's attention on Saturday, 5/25/19. The DON reported that an investigation into this skin impairment revealed that facility staff members had knowledge of the area prior to the resident's family asking about it. In a written statement, it was identified that a licensed nurse reported noting "scattered/multiple scabbed areas ... with one area in the middle of the wound that appeared whitish in color" on the Friday prior to the family member finding the area on Saturday.</p> <p>On 8/28/19 at 9:30 a.m., the DON confirmed there was no clinical documentation of this skin finding prior to the family asking about it. The DON also confirmed that the facility staff members, with knowledge of this area, should have notified the resident's medical provider and the resident's responsible party.</p> <p>On 8/28/19 at 9:40 a.m., the failure of facility staff members to timely notify Resident #C1's medical provider and responsible party of changes in the resident's skin assessment was discussed during a survey team meeting with the facility's Administrator, DON, ADON, and Cooperate Nurse.</p>	F 580			

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F 842 SS=D	<p>This is a complaint deficiency.</p> <p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation</p>	F 842		10/1/19	

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F 842	<p>Continued From page 6</p> <p>purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, review of clinical records, and review of facility documents, it was determined the facility staff failed to ensure complete and accurate clinical records for one (1) of four (4) sampled residents (Resident #C1).</p> <p>The findings included:</p>	F 842	<p>1. Documentation of skin impairment was added to resident C1 chart on May 25th.</p> <p>2. Current residents were assessed to determine appropriate documentation of skin impairments. Any undocumented skin impairments were corrected and documented per nursing policy.</p>		

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F 842	<p>Continued From page 7</p> <p>Facility staff members failed to timely document a change in Resident #C1's skin assessment.</p> <p>Resident #C1 was admitted to the facility 5/23/14. Resident #C1's diagnoses included, but were not limited to: heart failure, high blood pressure, pneumonia, diabetes, and dementia. Resident #C1's quarterly minimum data set (MDS) assessment, with an assessment reference date (ARD) of 6/18/19, had the resident assessed as rarely/never understood therefore a BIMS (Brief Interview for Mental Status) score could not be obtained; this assessment also had the resident assessed as requiring total dependence on staff for bed mobility, transfers, dressing, eating, and personal hygiene.</p> <p>The following information was found in a facility policy/procedure titled "Documentation Summary" (with an effective date of 2/1/15):</p> <ul style="list-style-type: none"> - "Licensed Nurses and CNAs will document all pertinent nursing assessments, care interventions, and follow up actions in the medical record." - "Entries will be made as soon as possible after an event or observation is made." - "Every change in the patient's condition or significant patient care issues will be noted and charted until the condition is resolved or stabilized. Documentation that provides evidence of follow-through is critical." <p>The following information was found documented as part of a late-entry nursing progress note documented for 5/25/19 at 10:30 a.m.: "On assessment this a.m. a [sic] area of what looked to be dermatitis was noted to left inner forearm below the ac (antecubital). Area did not look infected. There was some scattered small fluid</p>	F 842	<p>3. Current licensed staff were educated on documenting and reporting any change of skin condition per policy. Charge nurses will report any new change of condition to nurse administration. Nurse administration will audit 10% of patient's skin weekly X 4 weeks to determine that there are no undocumented skin impairments. Corrections will be made as necessary.</p> <p>4. Process will be reviewed in QA next quarter.</p>		

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F 842	<p>Continued From page 8</p> <p>filled blisters along with healing ones that were scabbed over. Area measured approximately 10cm x 4.5cm with irregular edges. Resident responded to this nurse when asked if (he/she) was in any pain by shaking (his/her) head no. This nurse spoke with staff involved in the care of resident who reported that resident had not been involved in any type of trauma or injury to (his/her) arm. A full head to toe assessment completed and no other impairments of this nature noted. (Adult child - name omitted) at bedside and aware of skin irritation. (Adult child's name omitted) was upset at this time due to fact that (his/her parent) has this place on (his/her) arm. (He/She) voiced (his/her) opinion that (he/she) felt like a [sic] injury had occurred during bedside care. Again the staff involved in (the patient's) bedside care was asked about any possible injuries during patient care and was reported to this nurse that no injury or trauma had occurred. (Physician's name omitted) was notified at this time, awaiting (the physician's) response. Will continue to monitor."</p> <p>On 8/28/19 at approximately 8:30 a.m., the facility's Director of Nursing (DON) and Assistant Director of Nursing (ADON) were interviewed about the Resident #C1's left arm skin impairment. It was confirmed that the resident's family member brought the skin impairment to the facility staff's attention on Saturday, 5/25/19. The DON reported that an investigation into this skin impairment revealed that facility staff members had knowledge of the area prior to the resident's family asking about it. In a written statement, it was identified that a licensed nurse reported noting "scattered/multiple scabbed areas ... with one area in the middle of the wound that appeared whitish in color" on the Friday prior to</p>	F 842			

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F 842	<p>Continued From page 9</p> <p>the family member finding the area on Saturday.</p> <p>On 8/28/19 at 9:30 a.m., the DON confirmed there was no clinical documentation of this skin finding prior to the family asking about it. The DON also confirmed that the facility staff, with knowledge of this area or skin impairment, should have documented their assessments/findings.</p> <p>On 8/28/19 at 9:40 a.m., the failure of facility staff members to timely document their findings of Resident #C1's skin assessment changes were discussed during a survey team meeting with the facility's Administrator, DON, ADON, and Cooperate Nurse.</p> <p>This is a complaint deficiency.</p>	F 842			