

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

PRINTED: 05/03/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>01/19/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LYNCHBURG HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5615 SEMINOLE AVENUE</b> <b>LYNCHBURG, VA 24502</b>		
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{F 000}	INITIAL COMMENTS  An unannounced Medicare/Medicaid follow-up survey to an abbreviated survey of 11/29/2021 through 11/30/2021 was conducted 01/19/2022. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements.  The census in this 180 certified bed facility was 134 at the time of the survey. The survey sample consisted of four (4) current Resident reviews (Residents #101 through #104).	{F 000}			
{F 686} SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)  §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to prevent avoidable pressure ulcers for one of four residents in the survey sample, Resident #101.  Findings include:	{F 686}	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of	2/3/22	

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

TITLE

(X6) DATE

Electronically Signed

01/26/2022

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 686}	<p>Continued From page 1</p> <p>Resident #101 was admitted to the facility on originally on 06/28/19, with the most current readmission on 01/12/21. Diagnoses for Resident #101 included, but not limited to: Alzheimer's dementia, high blood pressure, anemia, coronary artery disease, history of stroke, with dysphagia and peg tube placement.</p> <p>The most current MDS (minimum data set) was a quarterly assessment dated 01/09/22. This MDS assessed the resident with a cognitive score of 7, indicating the resident had severe impairment in daily decision making skills. The resident was assessed as requiring extensive assistance from at least one staff person for bed mobility and transfer, dressing, toileting, and hygiene. The resident was also assessed as being frequently incontinent of bowel and bladder. The resident was not coded as having a pressure ulcer on this MDS.</p> <p>On 01/19/22, Resident #101's clinical record was reviewed and revealed that the resident had acquired a stage II pressure ulcer on 01/11/22 and an unstageable pressure ulcer on 01/13/22.</p> <p>According to the clinical record, Resident #101 had developed MASD (moisture associated skin damage) on 12/09/21. On 12/13/21, the area had progressed to a stage II pressure ulcer. Treatment was started and according to the wound care NP (nurse practitioner) notes, the pressure area was healed on 12/21/21. There were no other skin breakdown issues or concerns noted until the development of the pressure ulcer on 01/11/22.</p> <p>A skin assessment dated 01/11/22 and timed 12:44 PM documented, "...skin intact without</p>	{F 686}	<p>correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F686</p> <p>Resident #101 is currently receiving preventive measures to prevent the development of pressure ulcers as ordered.</p> <p>Current residents in the center with the potential for skin impairment have the potential to be affected.</p> <p>Licensed nurses will be educated by the Director of Nursing/designee on transcribing preventive measures to the treatment administration record for verification and signature when preventive measures are completed. CNA(S) will also be educated on documentation in point of care turning and repositioning every shift.</p> <p>The Director of Nursing/designee will audit clinical documentation 3x weekly to ensure preventive measures are being signed when completed on the treatment administration record. In addition, point of care documentation will also be monitored 3x weekly to ensure turning and repositioning is being completed, as well as by direct observation during rounding. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem</p>		

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{F 686}	<p>Continued From page 2</p> <p>impairment: no...Wound present: yes...Are wounds pressure related: yes...ADON (assistant director of nursing)."</p> <p>A nursing note dated 01/11/22 and timed 3:54 PM documented, "... (Name of resident) on this day diagnosed with an ulcer to left buttock..no infection...signature of an RN (registered nurse)..."</p> <p>A nursing note dated 01/11/22 and timed 3:56 PM documented, "...wound to left upper buttocks evaluated by NP #2...per NP #2 wound is a stage II...signature of ADON."</p> <p>On 01/11/22 at 4:04 PM, a progress note written by the ADON documented, "Call placed to Hospice...to request air mattress for resident..."</p> <p>A progress note by the RD (registered dietitian) dated 01/13/22 and timed 3:52 PM, documented, "... nutritional risk...resident is NPO (nothing by mouth)...requires TF (tube feeding) due to dysphagia...hospice...Resident receives adequate nutrition to prevent skin breakdown and promote wound healing..."</p> <p>A skin assessment dated 01/14/22 and timed 7:00 AM documented, "...skin intact without impairment: no...Wound present: yes...Are wounds pressure related: yes...Sacrum...stage: Unstageable...Date acquired: 01/13/22...necrotic tissue present...signature of ADON."</p> <p>A progress note written by the ADON, dated 01/14/22 and timed 8:51 AM documented, "Call placed to Hospice...to request atmos air mattress. Hospice brought in overlay air mattress instead of atmos air. This nurse talked with nurse and</p>	{F 686}	<p>no longer exists, the reviews will be conducted on a random basis.</p> <p>The Administrator/Director of Nursing are responsible for implementation of the plan of correction.</p> <p>Date of compliance-2/3/22</p>		

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{F 686}	<p>Continued From page 3 requested appropriate mattress..."</p> <p>The resident's current CCP (comprehensive care plan) was reviewed. The CCP documented,"...resident has pressure ulcer to left buttock and sacrum related to immobility...administer treatments as ordered (revised on 01/12/22)...Educate resident/family/caregivers as to causes of skin breakdown...transfer/positioning requirements...care during...mobility..frequent repositioning (revised on 01/12/22)...monitor nutrition...Potential for skin impairment...keep skin clean and dry (revised on 01/12/22)...moisture barrier cream as needed for protection of skin, pericare with incontinence episodes, pressure reduction mattress, pressure reduction surface to wheelchair, weekly skin assessment (created on: 11/14/21)..."</p> <p>On 01/19/22 at approximately 2:00 PM, a pressure ulcer dressing change for Resident #101 was observed. A dressing change with treatment was completed for each of the two pressure ulcers (left buttock and sacrum). No barrier cream or ointment(s) were observed applied to the remainder of the resident's skin.</p> <p>On 01/19/22 at approximately 3:45 PM, the DON (director of nursing) and the nurse consultant were made aware of concerns regarding Resident #101 acquiring two pressure ulcers and were asked what interventions had been put in place for the prevention of pressure ulcers for Resident #101, specifically from 12/21/21 (last skin breakdown) up to 01/11/22, when the new pressure ulcer was found.</p> <p>The DON stated that the RD was made aware.</p>	{F 686}			

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{F 686}	<p>Continued From page 4</p> <p>The nurse consultant stated that the facility had implemented more frequent turning of residents to once an hour instead of every 2 hours, strict rounds, and that a bed had been ordered (which was after the resident had already acquired the pressure ulcer).</p> <p>The DON stated that they do use barrier cream (as listed on the CCP) and that it's applied with each incontinence episode and as needed. The DON was asked if a physician's order was required for the barrier cream and was it listed on the MAR/TAR (medication/treatment administration record). The DON stated, "No ma'am, and no it's not (on the MAR or TAR)."</p> <p>The wound care nurse practitioner (NP) was interviewed on 01/19/22 at 4:30 PM, regarding Resident #101 acquiring two pressure ulcers. The NP stated that Resident #101 did have fragile skin, but stated that if staff were following the turning protocols, incontinence protocols and doing everything to prevent it, it should have been avoidable. The NP was then asked how would staff know or be able to see if the interventions and/or protocols had actually been followed. The NP stated, "Document?"</p> <p>On 01/19/22, at approximately 5:15 PM, CNA (certified nursing assistant) #3 (a CNA caring for Resident #101) was interviewed and asked about barrier cream for the resident. CNA #3 stated that the nurses put it on, but then stated that the CNA's put it on. CNA #3 then stated if the skin is red they put it on when they change the resident. CNA #3 was asked how often resident's are turned. CNA #3 stated, "Every two hours and as needed."</p>	{F 686}			

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{F 686}	Continued From page 5  On 01/19/22 at approximately 5:45 PM, the DON, administrator, and nurse consultant were made aware of above concerns of Resident #101 developing two unstagable pressure ulcers.  No further information was presented prior to the exit conference on 01/19/22 at 6:00 PM.	{F 686}			