STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495147	A. BUILDING _____ B. WING _____	R-C 12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER EDGE REHABILITATION AND NURSING	1221 ROSSER AVE WAYNESBORO, VA 22980

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the standard survey conducted 11/1/2022 through 11/3/2022, was conducted 12/13/2022 through 12/14/2022. No complaints were investigated. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. Uncorrected deficiencies are identified within this report. The census in this 109 certified bed facility was 95 at the time of the survey. The survey sample consisted of 14 current Resident reviews (Residents # 101 through 114).	F 000		
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 resident's care plan. (F) Other appropriate staff or professionals in	F 657		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 657	Continued From page 1	F 657		

disciplines as determined by the resident's needs or as requested by the resident.
(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.
This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview, and clinical record review, the facility staff failed to review and revise a comprehensive care plan to include the use of ace (all cotton elastic) wraps (used for compression) to the legs for one of fourteen residents, Resident #107.

Findings were:

Resident #107 was admitted to the facility with the following diagnoses, including but not limited to: Chronic obstructive pulmonary disease, schizoeffective disorder, depression, and cellulitis of the lower extremities.

An annual MDS (minimum data set) with an ARD (assessment reference date) of 11/11/2022, assessed Resident #107 as moderately impaired with a cognitive summary score of 12/15.

On 12/13/2022 at 12:00 p.m., Resident #107 was observed sitting in his wheelchair at the end of the hallway. Bilateral ace wraps were observed on his legs from his knees to his toes. He had paper shoe covers on his feet. He was interviewed regarding his ace wraps. Resident #107 stated, "They (the nurses) wrap them every day when I get up and take them off at night." He was asked why he wore the ace wraps He stated, "They help my legs."

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F 657	Continued From page 2	F 657		

The clinical record was reviewed. An order dated 08/22/2022 contained the following: "Apply ace wraps to bilateral lower extremities on in am and off in pm every day and evening shift for Edema. Please document refusal and notify poa (power of attorney)."

The wound nurse, LPN (licensed practical nurse) #1 was interviewed at approximately 2:45 p.m. regarding the ace wraps. She stated that Resident #107 previously had wounds on his feet that she treated but had been "healed" since 11/30/2022. She stated, "Now the floor nurses do his wraps and assess his skin." She was asked why he wore the ace wraps. She stated, "He has edema and cellulitis in his legs."

The care plan was reviewed. There were no interventions listed for the use of ace wraps on Resident #107's legs.

On 12/13/2022 at approximately 3:55 p.m., an end of the day meeting was held with the DON (director of nursing), the ADON (assistant director of nursing) and the administrator, the above information was discussed. The DON stated the use of ACE wraps should be on the care plan.

On 12/14/2022 at approximately 7:45 a.m., the DON and administrator presented an updated care plan for Resident #107. The DON stated "We had documented in the focus areas that he is resistive to wearing his ace wraps, but we didn't have any interventions to apply them or encourage him to wear them. I updated the care plan to add that."

No further information was obtained prior to the exit conference on 12/14/2022.

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