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

PRINTED: 01/26/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495147	B. WING			l	R-C / 14/2022
NAME OF PROVIDER OR SUPPLIER RIVER EDGE REHABILITATION AND NURSING				1221	EET ADDRESS, CITY, STATE, ZIP CODE ROSSER AVE YNESBORO, VA 22980	121	14/2022
(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	0 INITIAL COMMENTS		FC	000			
F 657 SS=D	standard survey cor 11/3/2022, was cond 12/14/2022. No cor Corrections are requirements. Unco identified within this The census in this 1 95 at the time of the consisted of 14 curr (Residents # 101 th Care Plan Timing ar CFR(s): 483.21(b)(2) \$483.21(b) (2) A conbe- (i) Developed within the comprehensive	09 certified bed facility was survey. The survey sample ent Resident reviews rough 114). Ind Revision (2)(i)-(iii) Indensive Care Plans Inprehensive care plan must 7 days after completion of assessment. Interdisciplinary team, that interdisciplinary team, that interdisciplinary team, that	Fθ	657			
	(B) A registered nurresident. (C) A nurse aide wit resident. (D) A member of foo (E) To the extent prathe resident and the An explanation mus medical record if the and their resident renot practicable for the resident's care planates.	the responsibility for the see with responsibility for the seed and nutrition services staff. The resident's representative(s). The included in a resident's representative is determined the development of the resident representative is determined the development of the					
ARODATORY I	DIDECTOR'S OR PROVINCE	R/SLIPPLIER REPRESENTATIVE'S SIGNATUR			TITI F		(X6) DATE

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.

Facility ID: VA0019

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		495147	B. WING		R-C 12/14/2022		
NAME OF PROVIDER OR SUPPLIER RIVER EDGE REHABILITATION AND NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 1221 ROSSER AVE WAYNESBORO, VA 22980	·		
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F 657	or as requested by the (iii)Reviewed and reviewed and reviewed and reviewed and reviewed and reviewed assessments. This REQUIREMENT by: Based on observation record review, the farevise a comprehensive of ace (all cotton compression) to the residents, Resident # Findings were: Resident #107 was at the following diagnostic: Chronic obstruction schizoeffective disordicellulitis of the lower. An annual MDS (min (assessment referent assessed Resident # with a cognitive sum) On 12/13/2022 at 12 observed sitting in his the hallway. Bilateral on his legs from	nined by the resident's needs he resident. Vised by the interdisciplinary essment, including both the quarterly review T is not met as evidenced On, staff interview, and clinical cility staff failed to review and sive care plan to include the relastic) wraps (used for legs for one of fourteen \$107. Admitted to the facility with ses, including but not limited to the pulmonary disease, der, depression, and extremities. Admitted to the facility with an ARD ce date) of 11/11/2022, \$107 as moderately impaired mary score of 12/15. COO p.m., Resident #107 was s wheelchair at the end of ace wraps were observed knees to his toes. He had in his feet. He was g his ace wraps. Resident the nurses) wrap them every and take them off at night." He ore the ace wraps He stated,	F 65				

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PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 657 Continued From page 2 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)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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#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	F 657	The clinical record w 08/22/2022 contains wraps to bilateral low off in pm every day a Please document reattorney)." The wound nurse, L #1 was interviewed regarding the ace w Resident #107 previous that she treated but 11/30/2022. She state his wraps and assess why he wore the accedema and cellulitis. The care plan was reinterventions listed for Resident #107's leg. On 12/13/2022 at a end of the day meet (director of nursing) of nursing) and the accedent information was discusse of ACE wraps sinformation was discussed for the documents is resistive to wearing have any intervention encourage him to we plan to add that."	was reviewed. An order dated and the following: "Apply ace wer extremities on in am and and evening shift for Edema. If the fusal and notify poa (power of the power of the po	F6	57			

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