

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

PRINTED: 04/04/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495293</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/08/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERKSHIRE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>705 CLEARVIEW DRIVE</b> <b>VINTON, VA 24179</b>		
(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 abbreviated survey was conducted 3/6/23 through 3/7/23. Two complaints (VA00058042 -non-compliant with regulations; VA00058036-compliant) were investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 180 certified bed facility was 158 at the time of the survey. The survey sample consisted of 5 resident reviews (Residents #1 through #5).	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		4/14/23	

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

TITLE

(X6) DATE

Electronically Signed

03/30/2023

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 staff interview and clinical record review, and in the course of a complaint investigation, facility staff failed to notify the resident's responsible party after a resident fall for 1 of 5 residents with falls in the survey sample (Resident #1).</p> <p>Resident #2 was admitted to the facility with diagnoses including Parkinson's, cardiopulmonary disease, dysphagia, aphasia, hypertension, urinary tract infection, bronchitis, chronic kidney disease, unsteadiness on feet,</p>	F 580	<p>The facility sets forth the following plan of 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>F580-Notify of Changes 1- Resident #2 has been discharged</p>		

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F 580	<p>Continued From page 2</p> <p>and depression. On the minimum data set assessment with assessment reference date 12/1/2022, the resident scored 1/15 on the brief interview for mental status and was assessed as without signs of delirium, psychosis, and behaviors affecting care. The resident was assessed as needing supervision with transfers, walking in the room, and walking in the corridor and with limited assistance with toileting. The resident had no falls in the facility prior to 12/1/22.</p> <p>The surveyor spoke with the complainant by phone on 3/7/23. The complainant had no further allegations, and expressed the major concern was with communication from the facility.</p> <p>Clinical record review revealed the resident had falls on 2/13 and 2/14/2023. The fall note dated 2/13/23 at 13:38 in answer to 'was the provider/resident and RP (responsible party) notified at the time of the fall?' [name] NP made aware. A Late Entry fall note dated 2/15/23 at 11:29 AM documented that a fall occurred on 2/14/23 at 1:05 PM. Under Additional Comments the nurse wrote RP [name] notified by this nurse of the fall.</p> <p>The surveyor interviewed the unit manager on 3/7/23. The unit manager explained that on 2/13/23, the day shift nurse passed the information to the evening shift nurse to make the notification. This is a common practice if no injuries are immediately apparent and there are no new orders. The resident's RP was in the facility to visit the resident at 6:14 PM (from the visitor entry register) and was notified in person of the fall. For the fall on 2/14, the unit manager acknowledged that the RP was not notified of the fall that day.</p>	F 580	<p>from the facility</p> <p>2- Residents with falls in the last 30 days have been reviewed to ensure Resident representatives have been notified</p> <p>3-Licensed nurses will be educated by the Staff Development Coordinator /designee On notification to the residents representative of falls</p> <p>4- The DON/designee will review progress notes during clinical meeting 5x weekly to ensure the resident representative have been notified of falls.</p> <p>5- Results of the monitoring will be presented to the QAPI committee for review and recommendations. Once the QAPI committee determines the problem no longer exists, the monitoring will be conducted on a random basis</p> <p>6- Date of compliance April 14, 2023</p>		

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F 580	Continued From page 3  During a summary meeting on 3/7/2022, the surveyor reported the findings to the administrator, assistant administrator, director of nursing, and assistant director of nursing. No additional information was offered.	F 580			