

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

PRINTED: 06/08/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/30/2023
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
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{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the standard survey conducted 4/20/23 through 4/21/23 and 4/24/23 through 4/25/23, was conducted 5/30/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey. The census in this 1761 certified bed facility was 142 at the time of the survey. The survey sample consisted of 7 current resident reviews.	{F 000}	This Plan of Correction is respectfully submitted as evidence of compliance.		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of	F 607	1. Report submitted for allegation of abuse to State survey agency and Adult Protective Services. 2. All residents of the facility have the potential to be affected by the alleged deficient practice. The facility will conduct interviews with all interview-able residents with a BIMS score of 8 or greater screening for abuse and neglect. Non-interviewable residents will have skin assessments performed assessing for signs and symptoms of abuse. Any allegations of abuse and neglect that are identified in the audit for abuse will be immediately addressed in accordance with the facility abuse and neglect policy.		

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

TITLE

(X6) DATE

Donna C. Crifone

Administrator

June 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 607	<p>Continued From page 1</p> <p>employee rights, as defined at section 1150B(d) (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, the facility staff failed to implement the abuse policy to report an allegation of abuse to the State Agency (SA), for one of seven residents in the survey sample, Resident #107.</p> <p>The findings include:</p> <p>For Resident #107 (R107), the facility staff failed to implement the policy to report an allegation of abuse.</p> <p>On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 3/30/23, R107 was coded as being severely impaired for making daily decisions, having scored three out of 15 on the BIMS (brief interview for mental status). The resident was admitted to the facility with diagnoses including dementia with mood and behavior disorders.</p> <p>A review of a document written by RN (registered nurse) #1, the staff development coordinator, revealed in part: "5/22/23...While engaging in conversation with CNAs (certified nursing assistants) [#1 and #2], I was informed of...a male resident receiving a shower...This resident was very agitated, hollering out. [CNA #1] was attempting to de-escalate the situation. [LPN</p>	F 607	<p>3. All current staff will be educated on abuse and abuse reporting policy. All new employees will be provided with this training upon hire.</p> <p>All agency staff will also be provided with this education during the facility orientation prior to starting work at the facility.</p> <p>4. The NHA or Designee will conduct interviews to validate understanding of reporting guidelines and investigate allegation of abuse 3x/week for 4 weeks.</p> <p>All allegations of abuse/neglect reported to the State Agency will be audited to ensure the abuse policy was implemented.</p> <p>The NHA/Designee will identify any trends or patterns and educate as needed. All findings will be discussed with the QAPI committee at least quarterly.</p> <p>5. Date of Compliance: 6/19/2023</p>		

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F 607	<p>Continued From page 2</p> <p>(licensed practical nurse) #1, the unit manager]] entered the shower room...[CNA #2] informed [LPN #1] that this resident did not want to take a shower and her response was that 'he was going to get a shower'...[LPN #1] informed [R107] that she would hold him down while the CNAs bathed him...[LPN #1] proceeded to hold patient down at the arms, while resident continued to resist... [CNA #2] backed away from this action and did not assist."</p> <p>A request to review all facility synopses of events as reported to the SA since the last survey were requested. A review of these files revealed no information related to the allegation of abuse outlined in the 5/22/23 document from RN #1.</p> <p>On 5/30/23 at 2:12 p.m., ASM (administrative staff member) #1, the administrator, was interviewed. She stated that on 5/23/23, CNA #2 came to her and told her about the incident where LPN #1 allegedly held R107 down while giving him a shower. She stated CNA #2 told her the incident occurred approximately two weeks prior to 5/23/23. She stated CNA #2 did not provide an explanation as to why she did not report this allegation immediately after it happened. She stated LPN #1 has been R107's nurse for "a long time," and R107 can be aggressive and difficult. She stated R107 frequently is aggressive and/or refuses medications, treatments, and bathing. She stated LPN #1 can often convince R107 to take his medicine and to let the staff provide physical care for him. She stated she did not believe that abuse occurred. When asked to provide the report to the SA, she stated: "I did not report it." She stated she was told it did not rise to the level of needing to be reported. When asked if this report by CNA #2 was an allegation of</p>	F 607			

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F 607	Continued From page 3 abuse, she stated: "Yes." When asked if she is required to report all allegations of abuse to the SA, she stated: "Yes, I am." On 5/30/23 at 3:29 p.m., ASM #2, the director of nursing, was interviewed and stated after CNA #2 made the report of the alleged abuse of R107, CNA #2 failed to report to work for three days. ASM #2 provided a file containing credible evidence of the investigation into the allegation of abuse, including statements from other employees. She stated she is aware that allegations of abuse should be reported immediately. CNA #2 was not available for interview during the time of the survey. On 5/30/23 at 4:15 p.m., ASM #1 and ASM #2 were informed of these concerns. A review of the facility policy revealed, in part: "The facility is committed to developing and operationalizing policies and procedures for ...identification, investigation, and reporting of abuse...Each covered individual/mandated reporter shall report ...not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury...to the State Survey Agency and adult protective services."	F 607			
F 609 SS=D	No further information was provided prior to exit. Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 609			

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F 609	<p>Continued From page 4</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, the facility staff failed to report an allegation of abuse to the State Agency (SA), for one of seven residents in the survey sample, Resident #107.</p> <p>The findings include:</p> <p>For Resident #107 (R107), the facility staff failed to report an allegation of abuse to the SA.</p> <p>On the most recent MDS (minimum data set), an</p>	F 609	<p>1. Report submitted for allegation of abuse to State survey agency and Adult Protective Services.</p> <p>2. All residents of the facility have the potential to be affected by the alleged deficient practice. The facility will conduct interviews for all interview-able residents with a BIMS score of 8 or greater screening for abuse and neglect. Non-interview-able residents will have skin assessments performed assessing for signs and symptoms of abuse. Any allegations of abuse and neglect that are identified in the audit for abuse will be immediately addressed in accordance with the facility abuse and neglect policy.</p>		

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F 609	<p>Continued From page 5</p> <p>admission assessment with an ARD (assessment reference date) of 3/30/23, R107 was coded as being severely impaired for making daily decisions, having scored three out of 15 on the BIMS (brief interview for mental status). The resident was admitted to the facility with diagnoses including dementia with mood and behavior disorders.</p> <p>A review of a document written by RN (registered nurse) #1, the staff development coordinator, revealed, in part: "5/22/23...While engaging in conversation with CNAs (certified nursing assistants) [#1 and #2], I was informed of...a male resident receiving a shower...This resident was very agitated, hollering out. [CNA #1] was attempting to de-escalate the situation. [LPN (licensed practical nurse) #1, the unit manager]] entered the shower room...[CNA #2]informed [LPN #1] that this resident did not want to take a shower and her response was that 'he was going to get a shower'...[LPN #1] informed [R107] that she would hold him down while the CNAs bathed him...[LPN #1] proceeded to hold patient down at the arms, while resident continued to resist... [CNA #2] backed away from this action and did not assist."</p> <p>A request to review all facility synopses of events as reported to the SA since the last survey were requested. A review of these files revealed no information related to the allegation of abuse outlined in the 5/22/23 document from RN #1.</p> <p>On 5/30/23 at 2:12 p.m., ASM (administrative staff member) #1, the administrator, was interviewed. She stated that on 5/23/23, CNA #2 came to her and told her about the incident where LPN #1 allegedly held R107 down while giving</p>	F 609	<p>3. All current staff will be educated on abuse and abuse reporting policy. All new employees will be provided with this training upon hire. All agency staff will also be provided with this education during the facility orientation prior to starting work at the facility.</p> <p>4. The NHA/Designee will conduct interviews to validate understanding of reporting guidelines and investigate allegations of abuse 3x/week for 4 weeks. Any issues identified will be addressed immediately by the NHA/Designee and appropriate actions will be taken. Audits will be conducted to ensure allegations of abuse/neglect are reported to the State Agency. The NHA/Designee will identify any trends or patterns and educate as needed. All findings will be discussed with the QAPI committee at least quarterly.</p> <p>5. Completion Date: 6/19/2023</p>		

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F 609	<p>Continued From page 6</p> <p>him a shower. She stated CNA #2 told her the incident occurred approximately two weeks prior to 5/23/23. She stated CNA #2 refused to provide a written statement. She stated CNA #2 and LPN #1 have a history of workplace conflict, and that LPN #1 had spoken to CNA #2 about concerns with her performance just prior to 5/23/23. She stated CNA #2 did not provide an explanation as to why she did not report this allegation immediately after it happened. She stated LPN #1 has been R107's nurse for "a long time," and R107 can be aggressive and difficult. She stated R107 frequently is aggressive and/or refuses medications, treatments, and bathing. She stated LPN #1 can often convince R107 to take his medicine and to let the staff provide physical care for him. She stated she did not believe that abuse occurred. When asked to provide the report to the SA, she stated: "I did not report it." She stated she was told it did not rise to the level of needing to be reported. When asked if this report by CNA #2 was an allegation of abuse, she stated: "Yes." When asked if she is required to report all allegations of abuse to the SA, she stated: "Yes, I am."</p> <p>On 5/30/23 at 3:29 p.m., ASM #2, the director of nursing, was interviewed. ASM #2 provided a file containing credible evidence of the investigation into the allegation of abuse, including statements from other employees. She stated she is aware that allegations of abuse should be reported immediately.</p> <p>CNA #2 was not available for interview during the time of the survey.</p> <p>On 5/30/23 at 4:15 p.m., ASM #1 and ASM #2 were informed of these concerns.</p>	F 609			

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