

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

PRINTED: 05/08/2023
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 C 04/25/2023
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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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted 4/20/23 through 4/21/23 and 4/24/23 through 4/25/23. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19.	E 000	This Plan of Correction is respectfully submitted as evidence of alleged compliance.		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 4/20/23 through 4/21/23 and 4/24/23 through 4/25/23. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four complaints were investigated (VA00058549 - Substantiated with deficiency; VA00058522 - Substantiated with deficiency; VA00055497 - Substantiated with deficiency; and VA00058640 - Substantiated with deficiency).	F 000			
F 658 SS=E	The census in this 176 certified bed facility was 135 at the time of the survey. The survey sample consisted of 15 current resident reviews and five closed record reviews. Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document	F 658			

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

TITLE

(X6) DATE

Donna C. Creque Administrator 16 May 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 658	<p>Continued From page 1</p> <p>review, and clinical record review, the facility staff failed to follow professional standards of quality for medication administration for four of 20 residents in the survey sample, Residents #17, #18, #19, and #20.</p> <p>The findings include:</p> <p>1. For Resident #17 (R17) the facility staff failed to administer multiple medications on 5/31/22 that were due at 9:00 p.m.</p> <p>A review of R17's clinical record revealed physician's/provider's orders for the following medications, all to be administered at 9:00 p.m. on 5/31/22: Melatonin (1) 3 mg (milligrams), Pregabalin (2) 50 mg, Rosuvastatin (3), Atenolol (4), Esomeprazole (5) 40 mg, Linezolid (6) 600 mg, Metformin (7) 1000 mg, and Rifaximin (8) 550 mg.</p> <p>Review of R17's MARs (medication administration records) and progress notes failed to reveal evidence that the medications were administered at 9:00 p.m. on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R17's unit during that time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers [medication], they either sign it out on the MAR or</p>	F 658	<p>1. Resident #17, Resident #18, Resident #19 have been discharged from the facility. Resident #20 to have Medication error completed regarding not receiving medications on 5/31/2022.</p> <p>2. All residents of the facility have the potential to be affected by the alleged deficient practice. DON/Designee to audit missed medication administration audit report of current residents since 5/1/2023 and notify provider and representative of any missed medications.</p> <p>3. Licensed nursing staff will be educated on medication administrations to be completed and signed off on MAR (Medication Administration Record).</p> <p>4. DON/Designee to audit missed medication administrations 5x week x 4weeks then weekly x4 weeks. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring.</p> <p>5. Completion date 5/26/2023.</p>		

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F 658	<p>Continued From page 2</p> <p>write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated that if a medication has been given, the nurse should check it off on the MAR or write a progress note documenting the administration. She stated: "If it's not documented, it's not done." She stated she was not working at the facility on 5/31/22, and could not locate any evidence that R17 had received the medications due at 9:00 p.m. that evening.</p> <p>A review of the facility policy, "Medication Orders," failed to reveal information related to administering medications as ordered by the physician/provider.</p> <p>No further information was provided prior to exit.</p> <p>NOTES</p> <p>(1) "Melatonin is a hormone made in the body. It regulates night and day cycles or sleep-wake cycles. Melatonin in supplements is usually made in a lab." This information was taken from the website https://medlineplus.gov/druginfo/natural/940.html.</p> <p>(2) "Pregabalin capsules, oral solution (liquid), and extended-release (long-acting) tablets are used to relieve neuropathic pain (pain from damaged nerves) that can occur in your arms, hands, fingers, legs, feet, or toes if you have diabetes and postherpetic neuralgia (PHN; the burning, stabbing pain or aches that may last for months or years after an attack of shingles)." This information is taken from the website https://medlineplus.gov/druginfo/meds/a605045.html.</p>	F 658			

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F 658	Continued From page 3 (3) "Rosuvastatin is used together with diet, weight-loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. Rosuvastatin is also used to decrease the amount of cholesterol such as low-density lipoprotein (LDL) cholesterol ('bad cholesterol') and triglycerides in the blood and to increase the amount of high-density lipoprotein (HDL) cholesterol ('good cholesterol') in the blood." This information is taken from the website https://medlineplus.gov/druginfo/meds/a603033.html . (4) "Atenolol is used alone or in combination with other medications to treat high blood pressure. It also is used to prevent angina (chest pain) and improve survival after a heart attack. Atenolol is in a class of medications called beta blockers. It works by relaxing blood vessels and slowing heart rate to improve blood flow and decrease blood pressure." This information is taken from the website https://medlineplus.gov/druginfo/meds/a684031.html#:~:text=Atenolol%20is%20used%20alone%20or,of%20medications%20called%20beta%20blockers . (5) "Prescription esomeprazole is used to treat the symptoms of gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus (the tube between the throat and stomach) in adults and children 1 year of age and older." This information is taken from the website https://medlineplus.gov/druginfo/meds/a699054.html	F 658			

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FORM CMS-2567(02-99) Previous Versions Obsolete

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F 658	<p>Continued From page 5</p> <p>and to treat irritable bowel syndrome (with diarrhea) in adults. Rifaximin is in a class of medications called antibiotics." This information is taken from the website https://medlineplus.gov/druginfo/meds/a604027.html#:~:text=Rifaximin%20is%20in%20a%20class,the%20bacteria%20that%20cause%20diarrhea.</p> <p>2. For Resident #18 (R18), the facility staff failed to administer a medication on 5/31/22 due at 9:00 p.m. .</p> <p>A review of R18's clinical record revealed a physician's/provider's order for Atorvastatin (1) 40 mg (milligrams) to be administered at 9:00 p.m. on 5/31/22</p> <p>Further review of R18's MARs (medication administration records) and progress notes failed to reveal any evidence the medication was administered at 9:00 p.m. on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R18's unit during this time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers [medication], they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated that if a</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>medication has been given, the nurse should check it off on the MAR or write a progress note documenting the administration. She stated: "If it's not documented, it's not done." She stated she was not working at the facility on 5/31/22, and could not locate any evidence that R18 had received the medication due at 9:00 p.m. that evening.</p> <p>No further information was provided prior to exit.</p> <p>NOTES</p> <p>(1) "Atorvastatin is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. Atorvastatin is also used to decrease the amount of fatty substances such as low-density lipoprotein (LDL) cholesterol ('bad cholesterol') and triglycerides in the blood and to increase the amount of high-density lipoprotein (HDL) cholesterol ('good cholesterol') in the blood." This information is taken from the website https://medlineplus.gov/druginfo/meds/a600045.html.</p> <p>3. For Resident #19 (R19), the facility staff failed to administer multiple medications on 5/31/22 that were due at 9:00 p.m.</p> <p>A review of R19's clinical record revealed physician's/provider's orders for the following medications, all to be administered at 9:00 p.m. on 5/31/22: Atorvastatin (1) 40 mg (milligrams), Trazodone (2) 50 mg, and Magnesium Oxide (a mineral supplement) 400 mg.</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>Further review of R19's MARs (medication administration records) and progress notes failed to reveal any evidence that the medications were administered at 9:00 p.m. on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R19's unit during this time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers [medication], they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated that if a medication has been given, the nurse should check it off on the MAR or write a progress note documenting the administration. She stated: "If it's not documented, it's not done." She stated she was not working at the facility on 5/31/22, and could not locate any evidence that R19 had received the medications due at 9:00 p.m. that evening.</p> <p>No further information was provided prior to exit.</p> <p>Reference: (1) "Atorvastatin is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of</p>	F 658			

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F 658	<p>Continued From page 8</p> <p>developing heart disease. Atorvastatin is also used to decrease the amount of fatty substances such as low-density lipoprotein (LDL) cholesterol ('bad cholesterol') and triglycerides in the blood and to increase the amount of high-density lipoprotein (HDL) cholesterol ('good cholesterol') in the blood." This information is taken from the website https://medlineplus.gov/druginfo/meds/a600045.html</p> <p>(2) "Trazodone is used to treat depression. Trazodone is in a class of medications called serotonin modulators. It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance." This information is taken from the website https://medlineplus.gov/druginfo/meds/a681038.html.</p> <p>4. For Resident #20 (R20), the facility staff failed to administer multiple medications on 5/31/22 that were due at 9:00 p.m.</p> <p>A review of R20's clinical record revealed a physician's/provider's orders for the following medications, all to be administered at 9:00 p.m. on 5/31/22: Amitriptyline (1) 25 mg (milligrams), Atorvastatin (2) 10 mg, and Toprol XL (3) (extended release) 150 mg.</p> <p>Further review of R20's MARs (medication administration records) and progress notes failed to reveal any evidence the medications were administered at 9:00 p.m. on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the</p>	F 658			

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F 658	<p>Continued From page 9</p> <p>facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R20's unit during this time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers [medication], they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated that if a medication has been given, the nurse should check it off on the MAR or write a progress note documenting the administration. She stated: "If it's not documented, it's not done." She stated she was not working at the facility on 5/31/22, and could not locate any evidence that R20 had received the medications due at 9:00 p.m. that evening.</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p> <p>(1) "Amitriptyline is used to treat symptoms of depression. Amitriptyline is in a class of medications called tricyclic antidepressants. It works by increasing the amounts of certain natural substances in the brain that are needed to maintain mental balance." This information was taken from the website https://medlineplus.gov/druginfo/meds/a682388.html.</p> <p>(2) "Atorvastatin is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance</p>	F 658			

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F 658	Continued From page 10 that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. Atorvastatin is also used to decrease the amount of fatty substances such as low-density lipoprotein (LDL) cholesterol ("bad cholesterol") and triglycerides in the blood and to increase the amount of high-density lipoprotein (HDL) cholesterol ("good cholesterol") in the blood." This information is taken from the website https://medlineplus.gov/druginfo/meds/a600045.html (3) "Metoprolol is used alone or in combination with other medications to treat high blood pressure. It also is used to prevent angina (chest pain) and to improve survival after a heart attack. Metoprolol also is used in combination with other medications to treat heart failure. Metoprolol is in a class of medications called beta blockers. It works by relaxing blood vessels and slowing heart rate to improve blood flow and decrease blood pressure." This information is taken from the website https://medlineplus.gov/druginfo/meds/a682864.html	F 658			
F 686 SS=G	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	F 686			

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F 686	<p>Continued From page 11</p> <p>(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:</p> <p>Based on observation, staff interview, facility document review, and clinical record review, the facility staff failed to provide care and services to prevent and treat pressure ulcers/injuries for three of 20 residents in the survey sample, Residents #6, #1, and #7. For Resident #6, who was admitted with a pressure/ulcer injury, the facility staff failed to initiate treatment to the pressure ulcer/injury for 20 days. The pressure ulcer/injury worsened, which resulted in harm.</p> <p>The findings include:</p> <p>1. For Resident #6 (R6), who was admitted on 3/31/23, with a stage three pressure injury (2) to the sacrum, the facility failed to initiate treatment for the pressure injury until 4/20/23. The pressure ulcer/injury declined from stage three to unstageable (3).</p> <p>R6 was admitted to the facility on 3/31/23. Admitting diagnoses included pressure injury, malnutrition, dementia, and anxiety disorder. A review of the resident's admission nursing assessment dated 3/31/23 revealed in part: "Site: Sacrum, Type: Pressure, Length 1 cm (centimeter), Width 1 cm, Depth 1 cm, Stage 111...Resident has dementia or other cognitive deficits that make them unable to answer questions."</p> <p>On 4/21/23 at 10:32 a.m., LPN (licensed practical</p>	F 686	<p>1. Resident #6 & Resident #7 have appropriate treatment(s) in place according to MD order. Resident #1 has been discharged from the facility.</p> <p>2. All residents of the facility have the potential to be affected by the alleged deficient practice. A skin sweep of all residents has been completed by 4/18/23. Additionally, residents with current pressure ulcers will have current dressing(s) checked for the date of change and type of dressing; this will be reconciled with the physician's order. Any resident identified with potential skin concerns has an appropriate evaluation, assessment, and treatment ordered.</p> <p>3. Licensed nursing staff will be educated on completing skin assessment on admission. Licensed nursing staff will be educated on completing the dressing change, dating and initialing of dressing changes, and assuring that treatment being completed matches most recent MD/NP order.</p>		

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

PRINTED: 05/08/2023
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 C 04/25/2023
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F 686	<p>Continued From page 12</p> <p>nurse) #2 was observed to provide wound care to R6's sacral pressure injury. The wound bed was not visible; the wound base was covered in slough (4). The most recent wound measurements on 4/17/23 were 1 cm (centimeter) X 1 cm. The treatment was administered as ordered.</p> <p>A review of ASM (administrative staff member) #5's, the NP's (nurse practitioner's), progress notes dated 4/3/23, 4/4/23, 4/5/23, 4/10/23, and 4/13/23 revealed no information related to R6's pressure injury. Each of these progress notes documented, "Skin: Warm and dry to touch."</p> <p>A review of nurse progress notes included: 4/11/23: "Type: Skin only. Skin Evaluation: Skin warm & dry, skin color WNL (within normal limits), mucous membranes moist, turgor normal. No current skin issues noted at this time."</p> <p>4/17/23: "Type: Skin only...Skin issue: Pressure ulcer/Injury. Skin issue location: sacrum... Wound dr. (doctor) made aware and will follow."</p> <p>A review of the wound specialist progress notes revealed: 4/17/23 "Wound Assessment. Wound #2 Sacral is an Unstageable Pressure Injury Obscured full-thickness skin and tissue loss pressure ulcer and has received a status of Not Healed...measurements are 1 cm length X 1 cm width with no measurable depth...There is a light amount of serous drainage noted which has no order. The wound margin is not attached to wound base. Wound bed has 76-100% slough...Cleanse/Protect Wound [with] Wound cleanser...Apply calcium alginate and foam mwf (Monday, Wednesday, and Friday)/prn (as</p>	F 686	<p>4. DON/Designee to audit admission skin assessment 5x week x4weeks. DON/Designee will audit pressure ulcer treatments 2x week x4 weeks to assure appropriate dressing in place matches MD order. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring.</p> <p>5. Completion date 5/26/2023.</p>		

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

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F 686	<p>Continued From page 13</p> <p>needed)." There was no evidence that the wound physician applied the treatment at the time of the assessment. As evidenced by the April 2023 treatment administration record (TAR), the wound care recommendation was not transcribed and/or implemented until 4/20/23.</p> <p>A review of R6's care plan dated 3/31/23 revealed, in part: "The resident has... pressure ulcer...or potential for pressure ulcer development...Administer treatments as ordered and monitor for effectiveness."</p> <p>A review of R6's March and April 2023 TARs revealed no treatment orders for the pressure injury were implemented until 4/20/23.</p> <p>On 4/24/23 at 1:00 p.m., ASM (administrative staff member) #4, the wound physician, was interviewed. When asked if a pressure injury is worsening if it goes from having a measurable wound bed (stage 3) to having no measurable depth due to being covered with slough, he stated: "Yes. It is worsening." He stated: "You have moved yourself from a known depth to an unknown depth. The wound could possibly have become a stage 4, but you can't know it because you can't visualize it."</p> <p>On 4/24/23 at 2:13 p.m., LPN #2 was interviewed. She stated when a resident is admitted with a pressure injury, the resident should also come with orders for treatment of the pressure injury. LPN #2 stated the admitting nurse is responsible for transcribing the orders from the discharging facility to the facility's EMR (electronic medical record), and if the resident does not come in with any type of treatment orders, the admitting nurse should call the on-call provider [usually the nurse</p>	F 686			

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

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F 686	<p>Continued From page 14</p> <p>practitioner]. The nurse should advise the NP of the situation, and the NP will look at the pressure injury and write orders to be in place until the wound physician can assess the wound.</p> <p>On 4/24/23 at 2:18 p.m., ASM #5, the nurse practitioner was interviewed. She stated she does "full skin assessments" on new residents. She stated she asks a CNA (certified nursing assistant) to help her turn the resident so she can visualize the resident's entire body and she asks the nurse if there are skin issues. She stated if the resident is admitted with a pressure injury, she writes the same orders as the previous facility had in place until the wound physician can see the resident, and if there are no orders, she will write treatment orders to be followed until the resident can be assessed by the wound physician. When asked if a pressure injury will always need some type of treatment order, she stated: "Yes. They always need an order. If you have a wound, you need to address it. We need to make sure it is care planned." ASM #5 did not provide a reason to why no orders were written upon initial assessment of the pressure ulcer/injury.</p> <p>On 4/24/23 at 2:58 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of the findings, and of the concern for harm. ASM #2 stated at the time of R6's admission, the facility did not have a dedicated wound nurse, and the facility had subsequently identified concerns with pressure injuries and orders being implemented by a particular member of the nursing staff. The facility's improvement plan completion date was 4/18/23; however, R6's pressure injury treatment</p>	F 686			

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

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F 686	<p>Continued From page 15</p> <p>did not start until 4/20/23 therefore past non-compliance could not be considered.</p> <p>On 4/24/23 at 3:25 p.m., ASM #2 stated there was no additional information she could provide for R6's pressure injury treatment between 3/31/23 and 4/20/23. She stated the facility's EMR software automatically skips some time between when an order is entered and when the order appears on the TAR for administration.</p> <p>A review of the facility policy, "Pressure Ulcer Prevention and Management," revealed, in part: "Staff will be encouraged to promptly report any observation of a change in the resident's skin integrity...Weekly skin observations will be conducted by a licensed nurse and findings will be documented in the resident's medical record...Observations of new pressure ulcer/injury will be...reported to the physician/practitioner for further evaluation and treatment...referred to the designated wound nurse as appropriate...Treatments will be ordered by the physician/practitioner ...Unless established and approved under standing orders...orders for pressure ulcer/injury treatment will be specific for each resident...Treatments, including preventive interventions, will be documented in the resident's medical record...If the resident develops...worsening pressure ulcer/injury, the facility will conduct an investigation to causative factors."</p> <p>No further information was provided prior to exit.</p> <p>References: (1) "A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other</p>	F 686			

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

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F 686	<p>Continued From page 16</p> <p>device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue." This information is taken from the website https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf.</p> <p>(2) "Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury." This injury is taken from the website https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf.</p> <p>(3) "Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed." This information is taken from the National Pressure Ulcer Advisory Panel website at http://www.npuap.org/pr2.htm.</p> <p>(4) "The wound bed may be covered with necrotic tissue (non-viable tissue due to reduced blood</p>	F 686			

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

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F 686	<p>Continued From page 17</p> <p>supply), slough (dead tissue, usually cream or yellow in color), or eschar (dry, black, hard necrotic tissue). Such tissue impedes healing." This information is taken from the website https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360405/</p> <p>2. For Resident #1 (R1), the facility staff failed to initiate treatment for pressure ulcer/injuries (1) present on the resident's admission on 6/3/22 until 6/11/22; and failed to initiate treatment for a right ischium pressure injury when the resident was readmitted to the facility from the hospital on 3/7/23.</p> <p>R1 was admitted to the facility on 6/3/22. A review of R1's admission nursing assessment dated 6/3/22 revealed, in part: "No skin issues."</p> <p>A review of the nurse progress note dated 6/3/22 revealed, in part: "Received resident around 1456 (2:56 p.m.) via transport...Resident a/pleasant (alert and pleasant) with confusion...Per reporting from [name of previous facility] resident can be difficult with care. Resident skin was warm/intact with the exception of L (left) ischium opened, deep tissue wound 6.5 cm (centimeters) X 5.5 cm that tunnels and is undermining. No draining. R (right) ischium has what looks like is a pressure wound that is necrotic (dead tissue) and unstageable (2) but closed. No other skin alterations found."</p> <p>A review of the PA (physician assistant) progress note dated 6/7/22 revealed, in part: "Skin: L ischium 6 X 5 cm open deep wound with tunneling. R ischium necrotic wound closed...Plan: Wound consult...pending wound</p>	F 686			

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

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F 686	<p>Continued From page 18</p> <p>doctor visit, pack, and clean wound with 1/2" X 5 yard packing strip iodoform Q2 (every two) days." Progress notes written by the PA and dated 6/10/22 and 6/13/22 documented the exact same information related to the resident's wounds and treatment order.</p> <p>A review of R1's orders revealed the following: "6/9/22 Pack open wound left buttock with 1/2 x 5yd iodofoam packing strip q 2 days every 48 hours related to PRESSURE ULCER OF LEFT BUTTOCK, UNSPECIFIED STAGE (L89.329)...D/c (discontinue) 6/13/22." The June 2022 TAR (treatment administration record) documented this treatment was not signed off as completed until 6/11/23.</p> <p>"6/14/22 Dakins (1/2 strength) Solution 0.25 % (Sodium Hypochlorite) Apply to Left hip and sacrum topically every day shift for Wound care cleanser left hip and sacrum with Dakins solution, pack with Dakins moist gauze cover with foam." A review of the June 2022 TAR revealed this treatment was administered as ordered beginning 6/14/22.</p> <p>"6/14/22 Cleanse right hip with wound cleanser, pat dry, apply Medihoney, cover with foam. every day shift for Wound care." A review of the June 2022 TAR revealed this treatment was administered as ordered beginning 6/14/22.</p> <p>Further review of R1's clinical record revealed she was readmitted to the facility from the hospital on 3/7/23. A review of the readmission nursing assessment revealed R6 had five pressure injuries: right hip, left hip, right buttock, right heel, and right sacrum. The resident was readmitted to the facility receiving hospice</p>	F 686			

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

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F 686	<p>Continued From page 19 services.</p> <p>A review of R1's orders revealed no treatment orders for the right hip pressure injury between readmission on 3/7/23 and the time of discharge from the facility on 4/10/23.</p> <p>On 4/21/23 at 10:01 a.m., ASM (administrative staff member) #4 was interviewed and stated someone from his practice saw R1 after admission in June 2022. He stated the resident had three wounds on first assessment, with a wound on each hip and the sacrum. He stated (R1) was noncompliant with wound care and with all ADL (activities of daily living) care, and even in the middle of wound treatment by him, the resident would rip off the dressing he had just placed. He stated there was give-and-take with the wound progression. They would improve, then go back to zero. He stated he told the family early in the resident's admission that he would attempt to get the wounds to improve, but he was not sure it was a realistic goal. He stated the resident, from the beginning, was not eating or drinking much. He stated when the resident was readmitted to the facility after the March 2023 hospitalization, he told the daughter there was nothing more he could do to help the wounds improve. He stated the daughter elected for hospice care at that time.</p> <p>The PA who evaluated R1's wounds in June 2022, and the nurse who completed the admission assessment and progress note 6/3/22, were no longer employed by the facility therefore unable for interview.</p> <p>On 4/24/23 at 2:13 p.m., LPN #2 was interviewed. She stated when a resident is admitted with a</p>	F 686			

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

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F 686	<p>Continued From page 20</p> <p>pressure injury, the resident should also come with orders for treatment of the pressure injury. She stated the admitting nurse is responsible for transcribing the orders from the discharging facility to the facility's EMR (electronic medical record). She stated if the resident does not come in with any type of treatment orders, the admitting nurse should call the on-call provider (usually the nurse practitioner). The nurse should advise the NP of the situation, and the NP will look at the pressure injury and write orders to be in place until the wound physician can assess the wound.</p> <p>On 4/24/23 at 2:18 p.m., ASM #5, the nurse practitioner, was interviewed. She stated she does "full skin assessments" on new residents. She stated she asks a CNA (certified nursing assistant) to help her turn the resident so she can visualize the resident's entire body. She stated she asks the nurse if there are skin issues. She stated if the resident is admitted with a pressure injury, she writes the same orders as the previous facility had in place until the wound physician can see the resident. She stated if there are no orders, she will write treatment orders to be followed until the resident can be assessed by the wound physician. When asked if a pressure injury will always need some type of treatment order, she stated: "Yes. They always need an order. If you have a wound, you need to address it. We need to make sure it is care planned."</p> <p>On 4/24/23 at 2:58 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated she</p>	F 686			

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

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F 686	<p>Continued From page 21</p> <p>could not locate any evidence that R1's wounds had been treated between admission on 6/3/22 and 6/14/22. She stated she was not working in the facility during this time and could not speculate as to the reasons for this omission. She stated she also could not locate any evidence that R1's right hip wound was treated from the time the resident was readmitted to the facility on 3/8/23 through the resident's discharge on 4/10/23. She stated the facility did not have a wound nurse at that time, and the unit manager was experiencing difficulties. She stated: "We caught a few things, but this was something we didn't catch."</p> <p>No further information was provided prior to exit.</p> <p>NOTES</p> <p>(1) "A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue." This information is taken from the website https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf</p> <p>(2) "Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed." This information is taken from the National Pressure Ulcer Advisory</p>	F 686			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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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 C 04/25/2023
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 686	<p>Continued From page 22 Panel website at http://www.npuap.org/pr2.htm.</p> <p>3. For Resident #7 (R7), the facility failed to accurately assess and initiate treatment for pressure ulcer/ injuries (1) present on the resident's admission on 3/30/23, until 4/18/23.</p> <p>A review of R7's admission assessment dated 3/30/23 revealed, in part: "[R7] has Pressure Ulcer/s...Sacrum - Pressure; Length = 3.4 (centimeters), Width = 3.5, Depth = 2.1 - Stage Unstageable." The licensed practical nurse (LPN #3) who completed the admission assessment was no longer employed at the facility and therefore could not be interviewed.</p> <p>A review of ASM (administrative staff member-nurse practitioner) #5's progress note dated 4/3/23, 4/6/23, 4/7/23, 4/10/23, and 4/14/23, revealed no information related to R7's sacral pressure injury.</p> <p>A review of an attending physician's progress note dated 4/5/23 and 4/12/23 revealed no information related to R7's sacral pressure injury.</p> <p>A review of a nurse's note dated 4/14/23 revealed, in part: "Skin only: Pressure Ulcer/Injury. Skin issue location: sacrum. Pressure Ulcer/Injury State: Stage II - partial thickness skin loss. Length 2 cm (centimeters) X Width 0.8; Depth 0.3. Wound exudate: None...Wound odor: No. Tunneling: No."</p> <p>A review of the wound doctor's note dated 4/17/23 revealed, in part: "wound #1. Sacral is an Unstageable Pressure Injury Obscured full-thickness skin and tissue loss pressure ulcer</p>	F 686			

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

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F 686	<p>Continued From page 23</p> <p>and has received a status of not healed...measurements are 1 cm length X 1 cm width with no measurable depth...Wound bed has 76 - 100% slough...Wound cleanser...Apply honey/Foam QD (every day)." A review of R7's TAR (treatment administration record) revealed the facility staff initiated this treatment order on 4/18/23.</p> <p>An attempt was made to observe wound care, however R7 refused to allow the surveyor to observe the treatment.</p> <p>On 4/24/23 at 1:00 p.m., ASM (administrative staff member) #4, the wound physician, was interviewed. When asked if a pressure injury is worsening if it goes from having a measurable wound bed (stage 3) to having no measurable depth due to being covered with slough, he stated: "Yes. It is worsening." He stated: "You have moved yourself from a known depth to an unknown depth. The wound could possibly have become a state 4, but you can't know it because you can't visualize it."</p> <p>On 4/24/23 at 2:13 p.m., LPN #2 was interviewed. She stated when a resident is admitted with a pressure injury, the resident should also come with orders for treatment of the pressure injury. She stated the admitting nurse is responsible for transcribing the orders from the discharging facility to the facility's EMR (electronic medical record). She stated if the resident does not come in with any type of treatment orders, the admitting nurse should call the on-call provider (usually the nurse practitioner). The nurse should advise the NP of the situation, and the NP will look at the pressure injury and write orders to be in place until the wound physician can assess the wound.</p>	F 686			

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

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F 686	<p>Continued From page 24</p> <p>On 4/24/23 at 2:18 p.m., ASM #5, the nurse practitioner, was interviewed. She stated she does "full skin assessments" on new residents. She stated she asks a CNA (certified nursing assistant) to help her turn the resident so she can visualize the resident's entire body. She stated she asks the nurse if there are skin issues. She stated if the resident is admitted with a pressure injury, she writes the same orders as the previous facility had in place until the wound physician can see the resident. She stated if there are no orders, she will write treatment orders to be followed until the resident can be assessed by the wound physician. When asked if a pressure injury will always need some type of treatment order, she stated: "Yes. They always need an order. If you have a wound, you need to address it. We need to make sure it is care planned."</p> <p>On 4/24/23 at 2:58 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #2 stated at the time of R7's admission, the facility did not have a dedicated wound nurse, and the facility had subsequently identified concerns with pressure injuries and orders being implemented by a particular member of the nursing staff.</p> <p>On 4/24/23 at 3:25 p.m., ASM #2 stated there was no additional information she could provide for R7's pressure injury treatment between 3/31/23 and 4/20/23. She stated the facility's EMR software automatically skips some time between when an order is entered and when the order appears on the TAR for administration.</p>	F 686			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 686	Continued From page 25 On 4/24/23 at 3:25 p.m., ASM #2 stated there was no additional information she could provide for R7's pressure injury treatment between 3/30/23 and 4/18/23. She stated the facility's EMR software automatically skips some time between when an order is entered and when the order appears on the TAR for administration.	F 686			
F 710 SS=D	No further information was provided prior to exit. Resident's Care Supervised by a Physician CFR(s): 483.30(a)(1)(2) §483.30 Physician Services A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs. §483.30(a) Physician Supervision. The facility must ensure that- §483.30(a)(1) The medical care of each resident is supervised by a physician; §483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, the facility physician failed to provide physician services for two of 20 residents in the survey sample, Residents #6 and #7.	F 710	1. Resident #6 & Resident #7 are currently being followed by the wound physician. 2. All residents of the facility have the potential to be affected by the alleged deficient practice. A skin sweep of all residents has been completed by 4/18/23. DON/Designee will audit current residents with pressure ulcers and notify attending NP to ensure she is aware of the current residents with pressure ulcers. 3. Licensed nursing staff will be educated on notifying attending NP/MD to assure they are aware of wound and treatments. NP/MD will be educated to include pressure ulcers in their progress notes until wound physician can access.		

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

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F 710	<p>Continued From page 26</p> <p>The findings include:</p> <p>1. For Resident #6 (R6), who was admitted with a stage three (1) pressure injury (2), the facility physician failed to assess and initiate orders for the pressure injury.</p> <p>R6 was admitted to the facility on 3/31/23 with diagnoses that included infected vertebrae, malnutrition, dementia, anxiety disorder, and high blood pressure.</p> <p>A review of the resident's admission nursing assessment dated 3/31/23 revealed in part: "Site: Sacrum, Type: Pressure, Length 1 cm (centimeter), Width 1 cm, Depth 1 cm, Stage 111...Resident has dementia or other cognitive deficits that make them unable to answer questions."</p> <p>On 4/21/23 at 10:32 a.m., LPN (licensed practical nurse) #2 was observed to provide wound care to R6's sacral pressure injury. The wound bed was not visible, as the bed was covered in slough (4). The most recent wound measurements on 4/17/23 were 1 cm X 1 cm.</p> <p>A review of the NP's (nurse practitioner, who is a physician extender) progress notes dated 4/3/23, 4/4/23, 4/5/23, 4/10/23, and 4/13/23 revealed no information related to R6's pressure injury. Each of these progress notes documented, "Skin: Warm and dry to touch."</p> <p>A review of the wound specialist progress notes revealed: 4/17/23 "Wound Assessment. Wound #2 Sacral is an Unstageable Pressure Injury Obscured full-thickness skin and tissue loss pressure ulcer</p>	F 710	<p>4. DON/Designee to audit admission skin assessment 5x week x4weeks, any patient with pressure ulcer will have NP/MD notification to be noted in their notes until wound physician can access. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring.</p> <p>5. Completion date 5/26/2023.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 710	<p>Continued From page 27</p> <p>and has received a status of Not Healed...measurements are 1 cm length X 1 cm width with no measurable depth...There is a light amount of serous drainage noted which has no order. The wound margin is not attached to wound base. Wound bed has 76-100% slough...Cleanse/Protect Wound [with] Wound cleanser...Apply calcium alginate and foam mwf (Monday, Wednesday, and Friday)/prn (as needed)." According to the April 2023 TAR (treatment administration record, this order was implemented 4/20/23.</p> <p>A review of R6's care plan dated 3/31/23 revealed, in part: "The resident has... pressure ulcer...or potential for pressure ulcer development...Administer treatments as ordered and monitor for effectiveness."</p> <p>On 4/24/23 at 2:13 p.m., LPN #2 was interviewed and stated when a resident is admitted with a pressure injury, the resident should also come with orders for treatment of the pressure injury. LPN #2 stated the admitting nurse is responsible for transcribing the orders from the discharging facility to the facility's EMR (electronic medical record). LPN #2 stated if the resident does not come in with any type of treatment orders, the admitting nurse should call the on-call provider (usually the nurse practitioner). The nurse should advise the NP of the situation, and the NP will look at the pressure injury and write orders to be in place until the wound physician can assess the wound.</p> <p>On 4/24/23 at 2:18 p.m., ASM #5, the nurse practitioner, was interviewed. She stated she does "full skin assessments" on new residents. She stated she asks a CNA (certified nursing</p>	F 710			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 710	<p>Continued From page 28</p> <p>assistant) to help her turn the resident so she can visualize the resident's entire body. She stated she asks the nurse if there are skin issues and if the resident is admitted with a pressure injury, she writes the same orders as the previous facility had in place until the wound physician can see the resident. ASM #5 stated if there are no orders, she will write treatment orders to be followed until the resident can be assessed by the wound physician. When asked if a pressure injury will always need some type of treatment order, she stated: "Yes. They always need an order. If you have a wound, you need to address it. We need to make sure it is care planned."</p> <p>On 4/24/23 at 2:58 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns.</p> <p>On 4/24/23 at 3:25 p.m., ASM #2 stated there was no additional information she could provide for R6's pressure injury treatment between 3/31/23 and 4/20/23.</p> <p>No further information was provided prior to exit.</p> <p>NOTES (1) "Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed.</p>	F 710			

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F 710	<p>Continued From page 29</p> <p>If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury." This injury is taken from the website https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf.</p> <p>(2) "A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue." This information is taken from the website https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf.</p> <p>2. For Resident #7 (R7), the facility physician failed to assess and initiate orders for a pressure injury present on the resident's admission on 3/30/23.</p> <p>A review of R7's admission assessment dated 3/30/23 revealed, in part: "[R7] has Pressure Ulcer/s...Sacrum - Pressure; Length = 3.4 (centimeters), Width = 3.5, Depth = 2.1 - Stage Unstageable."</p> <p>A review of ASM (administrative staff member) #5's, the NP's (nurse practitioner, a physician extender) progress note dated 4/3/23, 4/6/23, 4/7/23, 4/10/23, and 4/14/23, revealed no information related to R7's sacral pressure injury.</p>	F 710			

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F 710	<p>Continued From page 30</p> <p>A review of an attending physician's progress note dated 4/5/23 and 4/12/23 revealed no information related to R7's sacral pressure injury.</p> <p>A review of a nurse's note dated 4/14/23 revealed, in part: "Skin only: Pressure Ulcer/Injury. Skin issue location: sacrum. Pressure Ulcer/Injury State: Stage II - partial thickness skin loss. Length 2 cm (centimeters) X Width 0.8; Depth 0.3. Wound exudate: None...Wound odor: No. Tunneling: No."</p> <p>On 4/24/23 at 2:13 p.m., LPN #2 was interviewed and stated when a resident is admitted with a pressure injury, the resident should also come with orders for treatment of the pressure injury. LPN #2 stated the admitting nurse is responsible for transcribing the orders from the discharging facility to the facility's EMR (electronic medical record). LPN #2 stated if the resident does not come in with any type of treatment orders, the admitting nurse should call the on-call provider (usually the nurse practitioner). The nurse should advise the NP of the situation, and the NP will look at the pressure injury and write orders to be in place until the wound physician can assess the wound.</p> <p>On 4/24/23 at 2:18 p.m., ASM #5, the nurse practitioner, was interviewed. She stated she does "full skin assessments" on new residents. She stated she asks a CNA (certified nursing assistant) to help her turn the resident so she can visualize the resident's entire body. She stated she asks the nurse if there are skin issues and if the resident is admitted with a pressure injury, she writes the same orders as the previous facility had in place until the wound physician can see the resident. ASM #5 stated if there are no</p>	F 710			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 710	Continued From page 31 orders, she will write treatment orders to be followed until the resident can be assessed by the wound physician. When asked if a pressure injury will always need some type of treatment order, she stated: "Yes. They always need an order. If you have a wound, you need to address it. We need to make sure it is care planned." On 4/24/23 at 2:58 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. On 4/24/23 at 3:25 p.m., ASM #2 stated there was no additional information she could provide for R6's pressure injury treatment between 3/31/23 and 4/20/23.	F 710			
F 725 SS=E	No further information was provided prior to exit. Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following	F 725	1. Resident #17, Resident #18, Resident #19 have been discharged from the facility. Resident #20 to have Medication error completed regarding not receiving medications on 5/31/2022. 2. All residents of the facility have the potential to be affected by the alleged deficient practice. DON/Designee to audit missed medication administration audit report of current residents since 5/1/2023 and notify medical director if missed medications were related to no nurse assigned to their unit.		

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F 725	<p>Continued From page 32</p> <p>types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</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 provide sufficient nursing staffing for four of 20 residents in the survey sample, Residents #17, #18, #19, and #20.</p> <p>The findings include:</p> <p>1. For Resident #17 (R17) the facility staff failed to provide sufficient nursing staffing in order to administer multiple medications per physician orders on 5/31/22 at 9:00 p.m.</p> <p>A review of R17's clinical record revealed a physician's/provider's orders for the following medications, all to be administered at 9:00 p.m. on 5/31/22: Melatonin (1) 3 mg (milligrams, Pregabalin (2) 50 mg, Rosuvastatin (3), Atenolol (4), Esomeprazole (5) 40 mg, Linezolid (6) 600 mg, Metformin (7) 1000 mg, Rifaximin (8) 550 mg, and Midodrine (9) 10 mg (milligrams).</p> <p>Further review of R17's MARs (medication administration records) and progress notes failed to reveal any evidence these medications were</p>	F 725	<p>3. DON/designee will educate Staff scheduler, Human Resources, and Licensed nurses for the assure a nurse is assigned on each unit during evening shift.</p> <p>4. DON/Designee will audit daily x4 weeks to assure a nurse is assigned on each unit during evening shift. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring.</p> <p>5. Completion date 5/26/2023.</p>		

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

PRINTED: 05/08/2023
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 C 04/25/2023
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F 725	<p>Continued From page 33</p> <p>administered at the 9:00 p.m. medication administration on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R17's unit during this time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers, they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 8:21 a.m., OSM (other staff member) #2, the staffing coordinator, was interviewed. She stated she utilizes a template for staffing, and the number of staff is based on the facility census. She states ordinarily, Wing 1, where residents #17, #18, #19, and #20 were located, requires two nurses on the evening shift. She stated for the census on 5/31/22, the wing should have had two nurses.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated the facility should be staffed with enough nurses to "take care of the residents." She stated Wing 1 should have two nurses working on the evening shift. She stated: "That's what we have determined as a facility as the number of nurses that allows us to give the best care possible." She stated she was not working at the facility on 5/31/22. She stated: "It looks like there were only two nurses in the entire building [with four wings]</p>	F 725			

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

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

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F 725	<p>Continued From page 34</p> <p>on 5/31/22 between 7:15 p.m. and 11:00 p.m." She stated she did not feel this was sufficient to meet the needs of the residents.</p> <p>A review of the facility policy, "Staffing," revealed, in part: "Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with the resident care plans and the facility assessment ...Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services."</p> <p>No further information was provided prior to exit.</p> <p>NOTES (1) "Melatonin is a hormone made in the body. It regulates night and day cycles or sleep-wake cycles. Melatonin in supplements is usually made in a lab." This information was taken from the website https://medlineplus.gov/druginfo/natural/940.html.</p> <p>(2) "Pregabalin capsules, oral solution (liquid), and extended-release (long-acting) tablets are used to relieve neuropathic pain (pain from damaged nerves) that can occur in your arms, hands, fingers, legs, feet, or toes if you have diabetes and postherpetic neuralgia (PHN; the burning, stabbing pain or aches that may last for months or years after an attack of shingles)." This information is taken from the website https://medlineplus.gov/druginfo/meds/a605045.h tml.</p> <p>(3) "Rosuvastatin is used together with diet, weight-loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in</p>	F 725			

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

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

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F 725	<p>Continued From page 35</p> <p>people who have heart disease or who are at risk of developing heart disease. Rosuvastatin is also used to decrease the amount of cholesterol such as low-density lipoprotein (LDL) cholesterol ("bad cholesterol") and triglycerides in the blood and to increase the amount of high-density lipoprotein (HDL) cholesterol ("good cholesterol") in the blood." This information is taken from the website https://medlineplus.gov/druginfo/meds/a603033.html.</p> <p>(4) "Atenolol is used alone or in combination with other medications to treat high blood pressure. It also is used to prevent angina (chest pain) and improve survival after a heart attack. Atenolol is in a class of medications called beta blockers. It works by relaxing blood vessels and slowing heart rate to improve blood flow and decrease blood pressure." This information is taken from the website https://medlineplus.gov/druginfo/meds/a684031.html#:~:text=Atenolol%20is%20used%20alone%20or,of%20medications%20called%20beta%20blockers.</p> <p>(5) "Prescription esomeprazole is used to treat the symptoms of gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus (the tube between the throat and stomach) in adults and children 1 year of age and older." This information is taken from the website https://medlineplus.gov/druginfo/meds/a699054.html#:~:text=Nonprescription%20(over%2Dthe%2Dcounter,acid%20made%20in%20the%20stomach.</p> <p>(6) "Linezolid is used to treat infections, including</p>	F 725			

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

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

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F 725	<p>Continued From page 36</p> <p>pneumonia, and infections of the skin . Linezolid is in a class of antibacterial called oxazolidinones. It works by stopping the growth of bacteria." This information is taken from the website https://medlineplus.gov/druginfo/meds/a602004.html#:~:text=Linezolid%20is%20used%20to%20treat,flu%2C%20and%20other%20viral%20infections.</p> <p>(7) "Metformin is used alone or with other medications, including insulin, to treat type 2 diabetes (condition in which the body does not use insulin normally and, therefore, cannot control the amount of sugar in the blood). Metformin is in a class of drugs called biguanides. Metformin helps to control the amount of glucose (sugar) in your blood. It decreases the amount of glucose you absorb from your food and the amount of glucose made by your liver. Metformin also increases your body's response to insulin, a natural substance that controls the amount of glucose in the blood." This information is taken from the website https://medlineplus.gov/druginfo/meds/a696005.html.</p> <p>(8) "Rifaximin 200-mg tablets are used to treat traveler's diarrhea caused by certain bacteria in adults and children at least 12 years of age. Rifaximin 550-mg tablets are used to prevent episodes of hepatic encephalopathy (changes in thinking, behavior, and personality caused by a build-up of toxins in the brain in people who have liver disease) in adults who have liver disease and to treat irritable bowel syndrome (with diarrhea) in adults. Rifaximin is in a class of medications called antibiotics." This information is taken from the website https://medlineplus.gov/druginfo/meds/a604027.h</p>	F 725			

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

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

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F 725	<p>Continued From page 37</p> <p>tml#:~:text=Rifaximin%20is%20in%20a%20class, the%20bacteria%20that%20cause%20diarrhea.</p> <p>(9) "Midodrine is used to treat orthostatic hypotension (sudden fall in blood pressure that occurs when a person assumes a standing position). Midodrine is in a class of medications called alpha-adrenergic agonists. It works by causing blood vessels to tighten, which increases blood pressure." This information is taken from the website https://medlineplus.gov/druginfo/meds/a616030.html#:~:text=Midodrine%20is%20used%20to%20treat,tighten%2C%20which%20increases%20blood%20pressure.</p> <p>2. For Resident #18 (R18), the facility staff failed to provide sufficient nursing staffing in order to administer multiple medications per physician orders on 5/31/22 at 9:00 p.m.</p> <p>A review of R18's clinical record revealed a physician's/provider's order for Atorvastatin (1) 40 mg (milligrams) and Insulin Detemir (2) six units to be administered at 9:00 p.m. on 5/31/22</p> <p>Further review of R18's MARs (medication administration records) and progress notes failed to reveal any evidence this medication was administered at the 9:00 p.m. medication administration on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R18's unit during this time.</p>	F 725			

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

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

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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 725	<p>Continued From page 38</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers, they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 8:21 a.m., OSM (other staff member) #2, the staffing coordinator, was interviewed. She stated she utilizes a template for staffing, and the number of staff is based on the facility census. She states ordinarily, Wing 1, where residents #17, #18, #19, and #20 were located, requires two nurses on the evening shift. She stated for the census on 5/31/22, the wing should have had two nurses.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated the facility should be staffed with enough nurses to "take care of the residents." She stated Wing 1 should have two nurses working on the evening shift. She stated: "That's what we have determined as a facility as the number of nurses that allows us to give the best care possible." She stated she was not working at the facility on 5/31/22. She stated: "It looks like there were only two nurses in the entire building [with four wings] on 5/31/22 between 7:15 p.m. and 11:00 p.m." She stated she did not feel this was sufficient to meet the needs of the residents.</p> <p>No further information was provided prior to exit.</p> <p>NOTES (1) "Atorvastatin is used together with diet, weight loss, and exercise to reduce the risk of heart</p>	F 725			

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

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F 725	<p>Continued From page 39</p> <p>attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. Atorvastatin is also used to decrease the amount of fatty substances such as low-density lipoprotein (LDL) cholesterol ('bad cholesterol') and triglycerides in the blood and to increase the amount of high-density lipoprotein (HDL) cholesterol ('good cholesterol') in the blood." This information is taken from the website https://medlineplus.gov/druginfo/meds/a600045.html.</p> <p>(2) "Insulin detemir is used to treat type 1 diabetes (condition in which the body does not produce insulin and therefore cannot control the amount of sugar in the blood)." This information is taken from the website https://medlineplus.gov/druginfo/meds/a606012.html#:~:text=Insulin%20detemir%20is%20used%20to,of%20sugar%20in%20the%20blood.</p> <p>3. For Resident #19 (R19), the facility staff failed to provide sufficient nursing staffing in order to administer multiple medications per physician orders on 5/31/22 at 9:00 p.m.</p> <p>A review of R19's clinical record revealed a physician's/provider's orders for the following medications, all to be administered at 9:00 p.m. on 5/31/22: Atorvastatin (1) 40 mg (milligrams), Trazodone (2) 50 mg, Valproic Acid (3) 750 mg, and Magnesium Oxide (a mineral supplement) 400 mg.</p> <p>Further review of R19's MARs (medication administration records) and progress notes failed to reveal any evidence these medications were</p>	F 725			

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

PRINTED: 05/08/2023
FORM APPROVED
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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 725	<p>Continued From page 40</p> <p>administered at the 9:00 p.m. medication administration on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R19's unit during this time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers, they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 8:21 a.m., OSM (other staff member) #2, the staffing coordinator, was interviewed. She stated she utilizes a template for staffing, and the number of staff is based on the facility census. She states ordinarily, Wing 1, where residents #17, #18, #19, and #20 were located, requires two nurses on the evening shift. She stated for the census on 5/31/22, the wing should have had two nurses.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated the facility should be staffed with enough nurses to "take care of the residents." She stated Wing 1 should have two nurses working on the evening shift. She stated: "That's what we have determined as a facility as the number of nurses that allows us to give the best care possible." She stated she was not working at the facility on 5/31/22. She stated: "It looks like there were only two nurses in the entire building [with four wings]</p>	F 725			

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

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F 725	<p>Continued From page 41</p> <p>on 5/31/22 between 7:15 p.m. and 11:00 p.m." She stated she did not feel this was sufficient to meet the needs of the residents.</p> <p>No further information was provided prior to exit.</p> <p>NOTES</p> <p>(1) "Atorvastatin is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. Atorvastatin is also used to decrease the amount of fatty substances such as low-density lipoprotein (LDL) cholesterol ('bad cholesterol') and triglycerides in the blood and to increase the amount of high-density lipoprotein (HDL) cholesterol ('good cholesterol') in the blood." This information is taken from the website https://medlineplus.gov/druginfo/meds/a600045.h tml</p> <p>(2) "Trazodone is used to treat depression. Trazodone is in a class of medications called serotonin modulators. It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance." This information is taken from the website https://medlineplus.gov/druginfo/meds/a681038.h tml.</p> <p>(3) "Valproic acid is used alone or with other medications to treat certain types of seizures. Valproic acid is also used to treat mania (episodes of frenzied, abnormally excited mood) in people with bipolar disorder (manic-depressive disorder; a disease that causes episodes of depression, episodes of mania, and other</p>	F 725			

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

PRINTED: 05/08/2023
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F 725	<p>Continued From page 42</p> <p>abnormal moods). It is also used to prevent migraine headaches but not to relieve headaches that have already begun. Valproic acid is in a class of medications called anticonvulsants. It works by increasing the amount of a certain natural substance in the brain." This information is taken from the website https://medlineplus.gov/druginfo/meds/a682412.html.</p> <p>4. For Resident #20 (R20), the facility staff failed to provide sufficient nursing staffing in order to administer multiple medications per physician orders on 5/31/22 at 9:00 p.m.</p> <p>A review of R20's clinical record revealed a physician's/provider's orders for the following medications, all to be administered at 9:00 p.m. on 5/31/22: Amitriptyline (1) 25 mg (milligrams), Atorvastatin (2) 10 mg, Toprol XL (3) (extended release) 150 mg, and Levetiracetam (4) 1000 mg.</p> <p>Further review of R20's MARs (medication administration records) and progress notes failed to reveal any evidence these medications were administered at the 9:00 p.m. medication administration on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R20's unit during this time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant</p>	F 725			

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

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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 C 04/25/2023
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 725	<p>Continued From page 43</p> <p>director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers, they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 8:21 a.m., OSM (other staff member) #2, the staffing coordinator, was interviewed. She stated she utilizes a template for staffing, and the number of staff is based on the facility census. She states ordinarily, Wing 1, where residents #17, #18, #19, and #20 were located, requires two nurses on the evening shift. She stated for the census on 5/31/22, the wing should have had two nurses.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated the facility should be staffed with enough nurses to "take care of the residents." She stated Wing 1 should have two nurses working on the evening shift. She stated: "That's what we have determined as a facility as the number of nurses that allows us to give the best care possible." She stated she was not working at the facility on 5/31/22. She stated: "It looks like there were only two nurses in the entire building [with four wings] on 5/31/22 between 7:15 p.m. and 11:00 p.m." She stated she did not feel this was sufficient to meet the needs of the residents.</p> <p>No further information was provided prior to exit.</p> <p>NOTES (1) "Amitriptyline is used to treat symptoms of depression. Amitriptyline is in a class of medications called tricyclic antidepressants. It works by increasing the amounts of certain natural substances in the brain that are needed to maintain mental balance." This information was</p>	F 725			

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

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

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F 725	<p>Continued From page 44 taken from the website https://medlineplus.gov/druginfo/meds/a682388.h tml.</p> <p>(2) "Atorvastatin is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. Atorvastatin is also used to decrease the amount of fatty substances such as low-density lipoprotein (LDL) cholesterol (‘bad cholesterol’) and triglycerides in the blood and to increase the amount of high-density lipoprotein (HDL) cholesterol (‘good cholesterol’) in the blood." This information is taken from the website https://medlineplus.gov/druginfo/meds/a600045.h tml</p> <p>(3) "Metoprolol is used alone or in combination with other medications to treat high blood pressure. It also is used to prevent angina (chest pain) and to improve survival after a heart attack. Metoprolol also is used in combination with other medications to treat heart failure. Metoprolol is in a class of medications called beta blockers. It works by relaxing blood vessels and slowing heart rate to improve blood flow and decrease blood pressure." This information is taken from the website https://medlineplus.gov/druginfo/meds/a682864.h tml.</p> <p>(4) "Levetiracetam is used alone and along with other medications to control partial-onset seizures (seizures that involve only one part of the brain) in adults, children, and infants 1 month of age or older. Levetiracetam is also used in combination</p>	F 725			

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

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F 725	Continued From page 45 with other medications to treat seizure in adults and children 12 years of age or older with juvenile myoclonic epilepsy. Levetiracetam is also used in combination with other medications to treat primary generalized tonic-clonic seizures (formerly known as a grand mal seizure; seizure that involves the entire body) in adults and children 6 years of age or older with epilepsy. Levetiracetam is in a class of medications called anticonvulsants. It works by decreasing abnormal excitement in the brain." This information is taken from the website https://medlineplus.gov/druginfo/meds/a699059.h tml.	F 725			
F 760 SS=E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, the facility staff failed to administer medications according to a physician's order, resulting in significant medication errors, for four of 20 residents in the survey sample, Residents #17, #18, #19, and #20. The findings include: 1. For Resident #17 (R17) the facility staff failed to administer a blood pressure medication as ordered at 9:00 p.m. on 5/31/22. A review of R17's clinical record revealed a physician's/provider's order for Midodrine (1) 10	F 760	1. Resident #17, Resident #18, Resident #19 have been discharged from the facility. Resident #20 to have Medication error completed regarding not receiving medications on 5/31/2022. 2. All residents of the facility have the potential to be affected by the alleged deficient practice. DON/Designee to audit missed medication administration audit report of current residents since 5/1/2023 and notify provider and representative of any missed medications. 3. Licensed nursing staff will be educated on medication administrations to be completed and signed off on MAR.		

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

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

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F 760	<p>Continued From page 46</p> <p>mg (milligrams) to be administered at 9:00 p.m. on 5/31/22.</p> <p>Further review of R17's MARs (medication administration records) and progress notes failed to reveal any evidence that Midodrine was given at the 9:00 p.m. medication administration on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R17's unit during this time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers, they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated that if a medication has been given, the nurse should check it off on the MAR or write a progress note documenting the administration. She stated: "If it's not documented, it's not done." She stated she was not working at the facility on 5/31/22, and could not locate any evidence that R17 had received the medication due at 9:00 p.m. that evening.</p> <p>A review of the facility policy, "Medication Orders," failed to reveal information related to administering medications as ordered by the physician/provider.</p>	F 760	<p>4. DON/Designee to audit missed medication administrations 5x week x 4weeks then weekly x4 weeks. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring.</p> <p>5. Completion date 5/26/2023.</p>		

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

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FORM APPROVED
OMB NO. 0938-0391

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F 760	<p>Continued From page 47</p> <p>No further information was provided prior to exit.</p> <p>NOTE (1) "Midodrine is used to treat orthostatic hypotension (sudden fall in blood pressure that occurs when a person assumes a standing position). Midodrine is in a class of medications called alpha-adrenergic agonists. It works by causing blood vessels to tighten, which increases blood pressure." This information is taken from the website https://medlineplus.gov/druginfo/meds/a616030.html#:~:text=Midodrine%20is%20used%20to%20treat,tighten%2C%20which%20increases%20blood%20pressure.</p> <p>2. For Resident #18 (R18), the facility staff failed to administer a medication used for the treatment of diabetes as ordered at 9:00 p.m. on 5/31/22.</p> <p>A review of R18's clinical record revealed a physician's/provider's order for Insulin Detemir (1) six units to be administered at 9:00 p.m. on 5/31/22.</p> <p>Further review of R18's MARs (medication administration records) and progress notes failed to reveal any evidence this medication was given at the 9:00 p.m. medication administration on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R18's unit during this time.</p>	F 760			

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

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

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F 760	<p>Continued From page 48</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers, they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated that if a medication has been given, the nurse should check it off on the MAR or write a progress note documenting the administration. She stated: "If it's not documented, it's not done." She stated she was not working at the facility on 5/31/22, and could not locate any evidence that R18 had received the medication due at 9:00 p.m. that evening.</p> <p>No further information was provided prior to exit.</p> <p>NOTES (1) "Insulin detemir is used to treat type 1 diabetes (condition in which the body does not produce insulin and therefore cannot control the amount of sugar in the blood)." This information is taken from the website https://medlineplus.gov/druginfo/meds/a606012.html#:~:text=Insulin%20detemir%20is%20used%20to,of%20sugar%20in%20the%20blood.</p> <p>3. For Resident #19 (R19), the facility staff failed to administer a significant medication as ordered at 9:00 p.m. on 5/31/22.</p> <p>A review of R19's clinical record revealed a physician's/provider's order for Valproic Acid (1)</p>	F 760			

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

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F 760	<p>Continued From page 49</p> <p>750 mg (milligrams) to be administered at 9:00 p.m. on 5/31/22.</p> <p>Further review of R19's MARs (medication administration records) and progress notes failed to reveal any evidence this medication was given at the 9:00 p.m. medication administration on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R19's unit during this time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers, they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated that if a medication has been given, the nurse should check it off on the MAR or write a progress note documenting the administration. She stated: "If it's not documented, it's not done." She stated she was not working at the facility on 5/31/22, and could not locate any evidence that R19 had received the medication due at 9:00 p.m. that evening.</p> <p>No further information was provided prior to exit.</p> <p>NOTES (1) "Valproic acid is used alone or with other</p>	F 760			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 760	<p>Continued From page 50</p> <p>medications to treat certain types of seizures. Valproic acid is also used to treat mania (episodes of frenzied, abnormally excited mood) in people with bipolar disorder (manic-depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). It is also used to prevent migraine headaches but not to relieve headaches that have already begun. Valproic acid is in a class of medications called anticonvulsants. It works by increasing the amount of a certain natural substance in the brain." This information is taken from the website https://medlineplus.gov/druginfo/meds/a682412.html.</p> <p>4. For Resident #20 (R20), the facility staff failed to administer a significant medication as ordered at 9:00 p.m. on 5/31/22.</p> <p>A review of R20's clinical record revealed a physician's/provider's order for Levetiracetam (1) 1000 mg (milligrams).</p> <p>Further review of R20's MARs (medication administration records) and progress notes failed to reveal any evidence this medication was given at the 9:00 p.m. medication administration on 5/31/22.</p> <p>A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R20's unit during this time.</p> <p>On 4/24/23 at 5:25 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the</p>	F 760			

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

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F 760	<p>Continued From page 51</p> <p>director of nursing, and ASM #3, the assistant director of nursing, were informed of these concerns. ASM #3 stated if a nurse administers, they either sign it out on the MAR or write a progress note stating the medication has been administered.</p> <p>On 4/25/23 at 9:00 a.m., ASM #2 stated that if a medication has been given, the nurse should check it off on the MAR or write a progress note documenting the administration. She stated: "If it's not documented, it's not done." She stated she was not working at the facility on 5/31/22, and could not locate any evidence that R20 had received the medication due at 9:00 p.m. that evening.</p> <p>No further information was provided prior to exit.</p> <p>NOTES</p> <p>(1) "Levetiracetam is used alone and along with other medications to control partial-onset seizures (seizures that involve only one part of the brain) in adults, children, and infants 1 month of age or older. Levetiracetam is also used in combination with other medications to treat seizure in adults and children 12 years of age or older with juvenile myoclonic epilepsy. Levetiracetam is also used in combination with other medications to treat primary generalized tonic-clonic seizures (formerly known as a grand mal seizure; seizure that involves the entire body) in adults and children 6 years of age or older with epilepsy. Levetiracetam is in a class of medications called anticonvulsants. It works by decreasing abnormal excitement in the brain." This information is taken from the website https://medlineplus.gov/druginfo/meds/a699059.html.</p>	F 760			

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

PRINTED: 05/08/2023
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F 925 SS=E	<p>Maintains Effective Pest Control Program CFR(s): 483.90(i)(4)</p> <p>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and facility document review, it was determined that the facility staff failed to maintain an effective pest control program in one of one facility kitchens, and on one of four facility units.</p> <p>The findings include:</p> <p>On 4/20/23 a tour of the resident rooms in the facility was conducted. There were no concerns identified with roaches in resident rooms.</p> <p>On 4/24/23 11:30 AM, observation of the kitchen was conducted. There were no issues observed relating to cockroaches.</p> <p>On 4/25/23 8:40 AM, a tour was conducted of the pantry rooms and shower rooms on each unit. On unit 4, the shower room was observed with a live cockroach crawling around. Upon leaving unit 4, in the hallway between unit 4 and unit 3, a live spider was observed crawling up the wall.</p> <p>A review of the pest control inspection reports revealed the following:</p> <p>1. 7/13/22: "Treat the kitchen and inspect the 4 wings. And treat the cleaning mgr (manager) office. Her office had open bags of chips and soda left in the room."</p> <p>2. 8/10/22: "Treat kitchen for roaches and</p>	F 925	<p>1. A comprehensive/aggressive action plan has been initiated by the consulting Pest Control Vendor to treat the facility for pest control.</p> <p>2. All residents of the facility have the potential to be affected by the alleged deficient practice. The Extra After-hours services will begin on May 12th with a crew of 2-3 technicians to facilitate a large "clean-out" service to efficiently treat more areas of the facility than just affected areas to prevent any spreading of problems. All residential hallways and common areas will also be treated to prevent cockroaches from spreading out to other portions of the building.</p> <p>3. The dietary staff have been educated regarding proper cleaning and maintenance of the kitchen area. All staff have been educated regarding the protocol and utilization of the Pest Control Notification Binder, found on each unit.</p> <p>4. Administrator/Designee to audit cleaning techniques have been implemented 5x week x 4 weeks. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring.</p> <p>5. Completion date 5/26/2023.</p>		

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

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F 925	<p>Continued From page 53</p> <p>inspect 3 wings. Treated (resident room number) for roaches. And cleaning office."</p> <p>3. 8/15/22: "Flush and vacuum for German roaches....food still in dishwasher and debris on floor." In addition, the form contained a table that had a pre-printed list of common areas of concerns and columns to check yes or no as applicable. The following was identified on this list as pertinent: Roaches - yes. Excessive moisture - yes. Spillage - yes.</p> <p>4. 11/9/22: "Treat kitchen and inspect the 4 wings." This form also documented, "Spillage on floor." It did not document where the spillage was (kitchen or elsewhere).</p> <p>5. 12/9/22: "Night time service for German roaches in kitchen...Need to stay on the cleaning in kitchen, especially behind appliances."</p> <p>6. 12/14/22: "Food residue on/under appliance/machinery/equipment."</p> <p>7. 12/28/22: "Treat kitchen and rehab break area for German roaches...Device dirty..." It did not document what device and where it was located.</p> <p>8. 2/22/23: "Treated kitchen and (two resident room numbers) for ants. Food and debris on the floor. Also saw that mouse activity found in 2 rooms on the 1st floor...Food residue on wall."</p> <p>9. 3/8/23: "Treat the kitchen and (two resident room numbers) for ants....Floor dirty."</p> <p>10. 4/12/23: "Food residue on wall - food residue in the walls in (resident room number) and on the floor. Treated for ants...Floor dirty - food and</p>	F 925			

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

PRINTED: 05/08/2023
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 C 04/25/2023
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 925	<p>Continued From page 54</p> <p>debris on the floor in (two resident room numbers). Treated for ants. Spillage on floor - Moisture on the floor and trash. Food residue on/under appliance/machinery/equipment. Food and debris on mixers and other equipment by flat top. Flat top not cleaned."</p> <p>On 4/24/23 at 3:15 PM an interview was conducted with OSM #3 (Other Staff Member), the Maintenance Director. He stated that pest control comes to the facility about every other week, and on alternate visits they will provide night time service in the kitchen where they can treat the kitchen area more heavily as the chemical needs time to fumigate and dissipate before daytime meal services. He stated that the ongoing issue is that kitchen staff are not cleaning the kitchen effectively and consistently. He stated they will do ok for a while and then slack off again. He stated that pest control had came on Friday (4/21/23) for a night service of the kitchen and that the kitchen floor was left way too wet by kitchen staff, which is something that attracts roaches.</p> <p>On 4/24/23 at 3:20 PM an interview was conducted with OSM #4, the cook / interim dietary manager. She stated that they (kitchen staff) have been trying at least once a week to do a big clean and power washing of the kitchen, mostly in the dishroom. She stated that this involves pulling things out at night and clean the walls and under the counter, let it dry and put it back in the morning. When asked when was the last time she saw a roach, she stated the last sighting was "yesterday." When asked what does she do if there is a sighting, she stated that she kills it and then clean everything. She stated that she lets maintenance know so that he can notify the pest</p>	F 925			

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F 925	<p>Continued From page 55</p> <p>control. When asked how often does pest control treat the kitchen, she stated that pest control has been coming every two weeks and that "They were just here Friday" (4/21/22). When asked about evidence of the weekly deep cleaning, she stated that there was no evidence of weekly deep cleaning. She stated that one week they power wash the kitchen, and the following week the dishroom. She stated they pressure wash in hard to reach places. When asked about the floor being too wet on Friday when pest control came, she stated that they had power washed on Friday and dried everything, and then the evening shift mopped the floor again after the dinner service and left it too wet.</p> <p>The facility policy, "Pest Control" was reviewed. This policy did not address the need to keep all areas of the facility, including resident rooms, staff offices, shower rooms, the kitchen, etc., free of food, dirt, debris, excess moisture, etc., that might attract pests.</p> <p>The facility policy "Sanitization" as it relates to the dietary department was reviewed. This policy documented, "1. All kitchens, kitchen areas and dining areas shall be clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects."</p> <p>On 4/25/23 at 9:21 AM, ASM #1 (Administrative Staff Member) the Administrator, and ASM #2, the Director of Nursing, were made aware of the findings, including that a live roach was spotted on 4/25/23 by a surveyor and on 4/24/23 by the dietary manger, even though pest control last treated the facility on 4/21/23.</p> <p>No further information was provided by the end of</p>	F 925			

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F 925	Continued From page 56 the survey.	F 925			