

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

PRINTED: 04/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 4/03/23 through 4/04/23. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. Two (2) complaints were investigated during the survey: One complaint was compliant with regulations One complaint was Non-complaint - deficient practice cited The census in this 300 certified bed facility was 162 at the time of the survey. The survey sample consisted of four (4) current resident reviews (Residents #1 through #4).	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the	F 580	LPN #1 was informed on 3/29/23 to immediately notify any resident's responsible party and/or medical provider of any resident incident, a change of condition or injury that may require physician intervention. Due to delayed reporting, LPN #1 received a written disciplinary action dated 3/29/23 addressing corrective action for this incident. Current residents in the center have the potential to be affected. An audit will be conducted by DON/Designee of the residents for past 30 days to ensure that the responsible party and attending physician were notified of any significant change in condition, the need for physician intervention, need to alter treatment significantly and/or decision to transfer or discharge resident from the facility.		

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

TITLE

(X6) DATE

Bob Nelson

Administrator

4/27/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	<p>Continued From page 1</p> <p>resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, clinical record review, and facility document review, the facility staff failed to notify a medical provider and/or responsible party (RP) of a change in condition for one (1) of four (4) residents (Resident #1).</p> <p>The findings include:</p>	F 580	<p>Continued From Page 1</p> <p>Licensed nurses will receive education by the Director of Nursing/Designee to report all occurrences to the resident's responsible party and/or medical provider that include potential for physician intervention, significant change to resident condition, need to alter treatment significantly and a decision to transfer or discharge resident from the facility. Education will be complete by 5/12/23. The Director of Nursing/ Designee will provide education to CNA's regarding informing the unit manager (LPN/ RN) of any resident incident/concern which they observe and then notify the DON/ ADON if observation has not been addressed.</p> <p>The Director of Nursing/ADON will monitor timely reporting though daily meeting discussion with unit managers and house supervisor (weekends). Corrective action will result as needed.</p> <p>The results of the DON/ADON's observations will be reported monthly to the Quality Assurance Committee for review and discussion. Once the Quality Assurance Committee determines the problem no longer exists, observations will no longer be reported to the Committee.</p>	5/19/23	

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F 580	<p>Continued From page 2</p> <p>Licensed practical nurse (LPN) #3 failed to notify Resident #1's medical provider and/or responsible party (RP) when a yellow area to the resident's lower extremity was reported to LPN #3 by certified nursing aides (CNAs).</p> <p>Resident #1's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 3/9/23, was signed as being completed on 3/13/23. Resident #1 was assessed as being able to make self understood and as usually being able to understand others. Resident #1 was assessed as having problems with both short-term and long-term memory. Resident #1 was assessed as requiring extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. Resident #1 was assessed, for bathing, as requiring total dependence of one staff member.</p> <p>During interviews on the morning of 4/4/23, CNA #2 and CNA #3 reported they notified LPN #3 of a yellow discoloration of Resident #1's right hip and/or leg area during the evening shift on 3/17/23. Both CNA #2 and CNA #3 described LPN #3 completing an assessment of Resident #1's lower extremities.</p> <p>During an interview on 4/3/23 at 4:00 p.m., LPN #3 reported they were notified of Resident #1's skin being yellow by CNA #2 and CNA #3. LPN #3 reported they had not been told about issues with Resident #1's skin as part of the report from the previous nurse. LPN #3 reported they assessed Resident #1. LPN #3 reported skin to one of Resident #1's lower extremities was noted to be "a little yellowish". LPN #3 reported they assessed Resident #1's lower extremities' skin temperature, range of motion, and pulses and</p>	F 580			

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F 580	Continued From page 3 found nothing abnormal. LPN #3 reported the resident did not appear to be in pain. No evidence was found to indicate Resident #1's medical provider and/or responsible party were notified of the change in the resident's lower extremity skin color. The following information was found in a facility document titled "Notification" (this document was not dated): - "Purpose 1. [sic] To ensure that a system is established to report any changes in condition of the resident to his/her attending physician and responsible party." - "Notification of Significant Other (s) - The nursing care staff or other designated staff shall notify the resident's significant other as soon as possible whenever: The resident has had a change of physical, mental or psychosocial status ..." - "Notification of Physician - The nursing care staff shall notify the resident's physician of any changes in status and document such notification in the resident's clinical record. Such notification shall be timely." On 4/4/23 at 12:02 p.m., the survey team met with the facility's Administrator and Director of Nursing (DON). The surveyor discussed the failure of facility staff to notify Resident #1's medical provider and/or responsible party of the yellow discoloration of Resident #1's lower extremity. The DON reported the medical provider and responsible party should have been notified of Resident #1's lower extremity discoloration.	F 580			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)	F 657			

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F 657	<p>Continued From page 4</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, clinical record review, and facility document review, the facility staff failed to correctly review and revise the comprehensive care plan for one (1) of four (4) residents (Resident #1).</p> <p>The findings include:</p> <p>The facility staff failed to review and revise</p>	F 657	<p>Resident #1's comprehensive care plan was revised on 4/4/23 and reviewed by Director of Nursing for accuracy. This care plan was reviewed again on 4/19/23 by the Director of Nursing and facility MDS director for updated accuracy.</p> <p>Current residents in the facility have the potential to be affected.</p> <p>The MDS staff (three staff members) will audit the current care plans for accuracy, to be completed by 5/12/23. The Director of Nursing will monitor the audits to ensure corrections are made as needed.</p> <p>Our two MDS Coordinators will receive education by the Director of Nursing and by facility MDS Director regarding accuracy and completeness of each resident's clinical conditions. This education will be complete by 4/28/23.</p> <p>The Director of Nursing/ADON will monitor the care plans accuracy through weekly clinical care review with clinical team. Corrective action will result as needed.</p> <p>The results of the DON/ADON's observations will be reported monthly to the Quality Assurance Committee for review and discussion. Once the Quality Assurance Committee determines the problem no longer exists, observations will no longer be reported to the Committee.</p>	5/19/23	

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F 657	<p>Continued From page 5</p> <p>Resident #1's comprehensive care plan to address the resident's clinical conditions.</p> <p>Resident #1's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 3/9/23, was signed as being completed on 3/13/23. Resident #1 was assessed as being able to make self understood and as usually being able to understand others. Resident #1 was assessed as having problems with both short-term and long-term memory. Resident #1 was assessed as requiring extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. Resident #1 was assessed, for bathing, as requiring total dependence of one staff member.</p> <p>On 4/3/23 and 4/4/23, Resident #1 was noted to not have a brace and/or cast in use.</p> <p>On 4/4/23, Licensed Practical Nurse (LPN) #4 confirmed that Resident #1 did not have a brace and/or cast currently in use. LPN #4 reported Resident #1 had a dressing on their right hip. LPN #4 denied Resident #1 having a cast and/or brace when the resident returned to the facility on 3/23/23. (Resident #1 returned to the facility on 3/23/23 after being diagnosed with and treated for a right hip fracture at a local hospital.)</p> <p>The following information was found in a facility document titled "Care Plans" (this document was not dated)"</p> <p>- "It is the policy of this facility that the care plan committee/team development a comprehensive careplan [sic] for each resident. The Care Plan Committee/Team assures a systematic, comprehensive approach to assessing, planning for and meeting resident's needs. This system is</p>	F 657			

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F 657	<p>Continued From page 6</p> <p>directed toward achieving and maintaining optimal resident status, optimal functional outcome as well as quality of life for all residents."</p> <p>- "Continuous review and updating done as warranted to assure quality care."</p> <p>- "The team will review the care plans to assure:</p> <p>a) They reflect the resident's medical and nursing assessment."</p> <p>On 4/4/23, Resident #1's comprehensive care plan was noted to include the following interventions:</p> <ul style="list-style-type: none"> - "maintain brace as ordered" - "maintain cast as ordered" - "observe for s/s of cast rubbing and causing skin breakdown" - "pad areas of the cast as needed" - "Full weight bearing" - "Hoyer lift with 2 person assist" - "Requires use of braces (RLE, LLE) (RLE = right lower extremity; LLE - left lower extremity) - "Ambulation: Non-ambulatory" - "Ambulation: 1 person Assist" [sic] - "Ambulation: 2 person assist" <p>Resident #1's comprehensive care plan included the following information under the "Interventions" section of the resident's care plan (all four (4) of the following had an initiated date of 12/20/22):</p> <ul style="list-style-type: none"> - "Able to make self understood" - "Able to understand others" - "Resident is unable to make self understood" - "Resident unable to understand others" <p>On the morning of 4/4/23, the facility's MDS Coordinator confirmed Resident #1's current comprehensive care plan should not have included: full weight bearing, the use of a hooyer lift, and the use of lower extremity braces.</p>	F 657			

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F 657	Continued From page 7 On 4/4/23 at 12:02 p.m., the survey team met with the facility's Administrator and Director of Nursing. The surveyor discussed the aforementioned care plan findings. The DON reported Resident #1's communication ability fluctuates. On 4/4/23 at 1:55 p.m., the DON reported Resident #1 did not have braces and/or a cast. The DON confirmed the resident's care plan should not have included interventions related to braces and/or a cast. The DON provided a medical provider order, dated 4/3/23 at 10:54 a.m., indicating Resident #1 could bear weight as tolerated.	F 657			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842	Resident #1's minimum data set (MDS) assessment was updated on 4/4/23. This care plan was reviewed again on 4/19/23 by the Director of Nursing and facility MDS director for current updates and completed. Current residents in the facility have the potential to be affected. An audit will be conducted for the current care plans to ensure accuracy and completeness of these care plans. Audit will be done by MDS (three staff member) and Director of Nursing/Designee. Audit to be complete by 5/12/23. Education to be provided to the two MDS coordinators to include importance of accuracy and most recent changes to the resident. Education to be complete by 4/28/23. The Director of Nursing/Designee will monitor the care plans, 20 care plans per week for the next 60 days to ensure compliance. Corrective action will result as needed		

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F 842	Continued From page 8 §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening	F 842	Continued From Page 8 The results of the DON/ADON's observations will be reported monthly to the Quality Assurance Committee for review and discussion. Once the Quality Assurance Committee determines the problem no longer exists, observations will no longer be reported to the Committee.	5/19/23	

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F 842	<p>Continued From page 9</p> <p>and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, clinical record review, and facility document review, the facility staff failed to maintain a complete and accurate clinical record for one (1) of four (4) residents (Resident #1).</p> <p>The findings include:</p> <p>The facility staff failed to ensure a nursing assessment completed for Resident #1 was documented in the resident's clinical record.</p> <p>Resident #1's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 3/9/23, was signed as being completed on 3/13/23. Resident #1 was assessed as being able to make self understood and as usually being able to understand others. Resident #1 was assessed as having problems with both short-term and long-term memory. Resident #1 was assessed as requiring extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. Resident #1 was assessed, for bathing, as requiring total dependence of one staff member.</p> <p>During interviews on the morning of 4/4/23, CNA (Certified Nurse Aide) #2 and CNA #3 reported they notified LPN (Licensed Practical Nurse) #3 of a yellow discoloration of Resident #1's right hip and/or leg area during the evening shift on 3/17/23. Both CNA #2 and CNA #3 described</p>	F 842			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/04/2023
NAME OF PROVIDER OR SUPPLIER MULBERRY CREEK NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLUE RIDGE STREET MARTINSVILLE, VA 24112		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 842	<p>Continued From page 10</p> <p>LPN #3 completing an assessment of Resident #1's lower extremities. Resident #1's clinical record did not include documentation of this assessment.</p> <p>During an interview on 4/3/23 at 4:00 p.m., LPN #3 reported they were notified of Resident #1's skin being yellow by CNA #2 and CNA #3. LPN #3 reported they had not been told about issues with Resident #1's skin as part of the report from the previous nurse. LPN #3 reported they assessed Resident #1. LPN #3 reported skin to one of Resident #1's lower extremities was noted to be "a little yellowish". LPN #3 reported they assessed skin temperature, range of motion, and pulses and found nothing abnormal. LPN #3 reported the resident did not appear to be in pain. LPN #3 confirmed they did not document this assessment.</p> <p>The following information was found in a facility document titled "Charting and Documentation" (this document was not dated):</p> <ul style="list-style-type: none"> - "Purpose 1. [sic] To provide a complete account of the resident's care, treatment, response to care, signs, symptoms, etc., as well as the progress of the resident's care." - "Chart all pertinent changes in the resident's condition, reaction to treatments, medications, etc., as well as routine observations." <p>On 4/4/23 at 12:02 p.m., the survey team met with the facility's Administrator and Director of Nursing. The surveyor discussed the absence of Resident #1's aforementioned nursing assessment related to the findings of a yellow discoloration to the resident's lower extremity skin.</p>	F 842			