STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495393	A. BUILDING _____ B. WING _____	C 09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SITTER AND BARFOOT VETERANS CARE CENTER	1601 BROADROCK BLVD RICHMOND, VA 23224

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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 09/06/23 through 09/06/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaints were investigated during the survey. VA00059583 - Substantiated without deficiency VA00059263 - Substantiated with deficiency. The census in this 200 certified bed facility was 158 at the time of the survey. The survey sample consisted of 3 resident reviews.	F 000		
F 686 SS=D	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 (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: Based on observation, interview, clinical record review, and facility documentation review, the facility staff failed to ensure 1 of 3 sampled residents (resident #1) received care and services to prevent pressure ulcers from	F 686	1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. a. Resident #1 wounds and current	10/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/18/2023

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F 686	Continued From page 1 developing. The findings included: For Resident #1 the facility staff failed to implement interventions to prevent further pressure ulcers once the Resident acquired the first pressure ulcer. On 9/6/23 at 12:45 PM, Resident #1 was observed in bed with eyes closed on low bed, Prevalon boots in place, air mattress in place and functional. Resident #1 appeared to be sleeping, he appeared well groomed no offensive odors were noted he was dressed in clothing not a hospital gown. A review of the clinical record revealed that Resident #1 had a Braden score (an assessment tool used to predict the likelihood of developing pressure ulcers) of 14 indicating moderate risk for pressure areas on 6/22/23. On 6/20/23 a non-Pressure abrasion was noted, and reported and is still ongoing has not yet resolved. The document entitled "Non-Pressure Skin Condition" read: "6/20/23 2 cm x 1 cm -Non-Pressure Abrasion-to right buttocks. "Treatment will be done by Hospice along with measurements." The progress note read: "6/20/2023 3:15 PM-Skin/Wound Note -Note Text: Area to right buttocks noted. Area looks to be an abrasion with superficial skin loss and scant amount of bleeding noted. Area measures 2 x 1 cm. Surrounding area presents with normal color. Area cleansed and A&D ointment applied. MD/RP	F 686	interventions have been observed and reviewed by the wound care nurse, discussed with the Physician, and all interventions are current and appropriate for this resident per MD orders. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. a. Any resident with a wound, or at risk for developing a wound has the potential to be affected. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. a. Nursing staff will be re-educated by the staff development coordinator/designee on wound prevention measures (turning and repositioning, floating of heels as tolerated, and use of barrier cream). b. Nursing staff will be re-educated by the staff development coordinator/designee on documentation of skin concerns in the risk management system and on the skin/wound sheets. c. Nursing staff will document skin concerns on the skin/wound pressure or non-presssure skin sheets when an area is identified. The wound nurse/designee will follow the wound weekly to determine if progress in healing is being made. Interventions will be put in place to prevent further decline and/or to try and prevent additional pressure sores as able. d. Nursing management will meet weekly to review skin concerns and to make sure wound sheets are completed. Current	

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F 686	Continued From page 2 made aware. Tx put in place." A review of the clinical record revealed the following progress notes: "7/9/2023 3:25 pm - Health Status-Note Text: Hospice nurse, [name redacted], in to see resident. [name redacted] reported that resident has a stage II pressure ulcer to right shin. Hospice nurse measured area with 1 cm diameter. Area was dressed with boarder dressing. [Hospice nurse name redacted] states she will notify RP. MD updated." "7/11/2023 12:42 pm -Health Status Note Text: Spoke with hospice nurse [name redacted] today in reference to [Resident #1 name redacted] treatment in regard to wound care. Hospice nurse agreed to let wound nurse here at the facility oversee skin concerns and manage treatments. RP [Power of Attorney name redacted]aware and agrees. On 9/6/23 at approximately 2:30 PM, an interview was conducted with the wound nurse who stated that the Hospice was involved in wound care and assessment as well as the facility and it became easier to have one person responsible. She stated there was a discussion with Hospice and the family and decided the facility would be responsible for skin and wound care. A review of the care plan revealed the following excerpts: FOCUS: [Resident #1] has risk for alteration in skin integrity related to decrease mobility, incontinent of urine and bowel, poor safety awareness due to	F 686	interventions will be reviewed at this time, and additional interventions will be added if needed. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. a. The QA Director/designee will review four skin (pressure ulcer) records a month for three months to see that interventions are in place to prevent further breakdown as able. b. Results of the reviews will be brought to the QA committee for three months to determine if further action is needed.	

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F 686	Continued From page 3	F 686		

compromised cognition, he wears briefs, and currently and being treated for an abrasion to buttocks (6/20/23). Resident frequently moves around in bed and chair increasing friction to skin. Date Initiated: 07/07/2023. Target Date: 10/14/2023

GOAL:
[Resident #1] will have no signs of infection or further complications to current wounds thru next review. Date Initiated: 07/07/2023. Target Date: 10/14/2023

INTERVENTION:
Administer treatment as ordered. Assess for and report any new discoloration, open areas, bruising, skin tears, redness etc. observed during care. Date Initiated: 07/07/2023. Target Date: 10/14/2023
Assess skin condition with ADL care daily, report abnormalities to charge nurse.
Encourage [Resident #1] to be up out of bed daily.
Pressure reducing cushion to wheelchair.
Pressure reducing mattress to bed.
Re-evaluate risk with condition changes as needed.
Use barrier cream after incontinent episodes per facility protocol.

APM [Alternating Pressure Mattress] to bed, check function every shift. Date Initiated: 7/19/2023. Target Date: 10/14/2023
Apply Prevalon Boots when in bed and chair. Date Initiated: 07/14/2023. Target Date: 10/14/2023

The following are facility acquired pressure areas that developed but are now healed:

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F 686	Continued From page 4 1. Wound skin healing record began on 7/4/23 for right foot - Stage II -2 cm x 1.3 cm. Assessed and followed by hospice until 7/11/23. Resolved on 8/22/23. 2. Wound Skin Healing Record began on 7/4/23 for right foot upper Stage I lateral 1.5 cm x 3 cm Assessed and followed by hospice until 7/11/23. Resolved on 8/22/23. 3. Wound / Skin Record began on 7/4/23 Stage I 3 cm x 3 cm fluid filled blister. Assessed and followed by hospice until 7/11/23. Resolved on 7/22/23 4. Wound / Skin Record began on 7/7/23 Stage I read area slow to blanch on Upper Lateral Left foot. Assessed and treated by facility. Healed on 7/25/23. 5. Wound / Skin Record began on 7/13/23 Stage I read area slow to blanch on Upper Mid Lateral Left foot. Assessed and treated by facility. Healed on 7/25/23. On 9/6/23 during the end of day meeting the Administrator was made aware of the concern and no further information was provided.	F 686		