

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

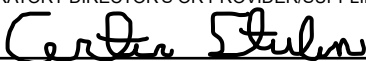
PRINTED: 10/24/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/17/2023
NAME OF PROVIDER OR SUPPLIER TYLER'S RETREAT AT IRON BRIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 12001 IRON BRIDGE RD CHESTER, VA 23831		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 10/16/23 through 10/17/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirement(s). One complaint (VA00058407-substantiated without deficiency) was investigated during the survey. The census in this 90 certified bed facility was 78 at the time of the survey. The survey sample consisted of three current resident reviews and one closed record review.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will	F 656	1. Resident #3 medical professional has been notified of missing weights for Aug and Sept. The Regional Director of Clinical Services has completed education with Director of Nursing, Assistant Director of Nursing, and Unit Managers on following comprehensive care plan for obtaining weights. 2. Any resident has the potential to be affected. 100% audit has been completed by the DON to verify all residents have current weights based upon the comprehensive care plan. 3. The Regional Director of Clinical Services has educated Director of Nursing, Assistant Director of Nursing, and Unit Managers on following comprehensive care plan for obtaining weights. Education will be added to new hire orientation for clinical leadership.		

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

TITLE

(X6) DATE



Administrator

10/31/2023

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 656	<p>Continued From page 1</p> <p>provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review and facility document review, it was determined that the facility staff failed to follow the comprehensive care plan for one of four residents in the survey sample; Resident #3.</p> <p>The findings include:</p> <p>For Resident #3, the facility staff failed to obtain weights per the comprehensive care plan.</p> <p>Resident #3 was admitted to the facility on 8/3/22 and had the diagnoses of but not limited to protein-calorie malnutrition and nutritional/metabolic disease. The most recent</p>	F 656	<p>4. The Director of Nursing or designee will complete audits weekly x 4, then monthly x 2 to verify weights are obtained per comprehensive care plan. The DON or designee will report findings of the audit to the QAPI committee monthly x 3 months for any further recommendations.</p>	11/9/23	

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F 656	<p>Continued From page 2</p> <p>MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 7/26/23 and coded the resident as severely cognitively impaired in ability to make daily life decisions, scoring a 5 out of a possible 15 on the BIMS (Brief Interview for Mental Status). The resident was coded as requiring supervision for eating.</p> <p>The facility policy, "Comprehensive Care Planning Policy" was reviewed. This policy documented, "...D. All staff must be familiar with each resident's Care Plan and all approaches must be implemented..."</p> <p>A review of the comprehensive care plan revealed one dated 8/9/22 for "Resident has increased malnutrition/dehydration risk related to: Moderate nutritional risk with altered nutrition related lab values and inability to manage self care. A therapeutic diet is provided." Interventions included one dated 8/9/22 for "Monitor weight per protocol."</p> <p>The facility policy, "Weights Policy" was reviewed. This policy documented, "Weights will be obtained routinely in order to monitor parameters of nutrition over time. Each individual's weight will be determined upon admission /readmission to the facility, weekly for the first four weeks after admission/readmission, and monthly or more often if risk is identified...."</p> <p>A review of the physician's orders revealed one dated 8/3/22 for "Weight on admission and then weekly x 4 one time a day every Thu (Thursday) for monitor weight for 4 weeks." There were no further orders for weights once this order was completed. There were no current orders for</p>	F 656			

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F 656	<p>Continued From page 3</p> <p>weight monitoring at the time of the survey.</p> <p>A review of the weight log revealed that monthly weights were obtained from August 2022 through July 2023. On 7/4/23 the resident's weight was 132.0 pounds. There were no further weights until 10/2/23, at which time the resident was 122.0 pounds, a ten pound (7.6%) weight loss over approximately 90 days.</p> <p>A review of the progress notes revealed one by the dietician dated 10/3/23 that documented, "Data : WEIGHT WARNING: Value: 122.0. Vital Date: 2023-10-02....-3.0% change from last weight [7.6%, 10.0]. -7.5% change [7.6%, 10.0]. Comments : Wts (weights), intakes variable 2/2 (secondary to) food preferences. Will add magic cup, discussed in IDT (interdisciplinary team) meeting."</p> <p>A review of the progress notes revealed one by the nurse practitioner dated 10/3/23 that documented, "...Weight loss from 132 - 122 lbs (pounds) - consider restarting Mirtazapine (1) 7.5mg (milligrams) PO (by mouth) at bedtime for depression and weight loss. At risk for malnutrition BMI (body mass index) of 24.1 - continue nutritional and dietary support. Monitor oral intake and weight. continue multivitamins. RD (Registered Dietician) consult as needed. Treatment plan discussed with patient and assigned nurse. We'll continue to follow-up with patient on as needed basis."</p> <p>On 10/17/23 at 3:44 PM, an interview was conducted with ASM #2 (Administrative Staff Member) the Director of Nursing. She stated that Resident #3 often refuses to eat, and most of the time peanut butter and jelly sandwich is the only</p>	F 656			

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F 656	<p>Continued From page 4 thing they can get her to eat.</p> <p>On 10/17/23 at 4:07 PM in a follow up interview ASM #2 stated that upon review, there were no weights for August and September 2023. She stated that it would appear that when the order for weights dated 8/3/22 (above) fell off, it did not roll over to obtaining weights monthly. She stated that there was a CNA (Certified Nursing Assistant) that normally obtained monthly weights and got them on all residents on the long term care unit, but that the resident was moved to another unit (on 7/26/23) and the other unit did not continue to obtain monthly weights since it wasn't on the orders. She stated there was no way to determine if the weight loss was gradual or sudden. Without monthly monitoring, there was a potential that interventions were delayed.</p> <p>On 10/17/23 at 4:21 PM, in a follow up interview with ASM #2, she stated that the care plan is the guideline for how to take care of the resident for following, tracking and documenting their care. When asked if the care plan was followed for Resident #3, she stated that it was not.</p> <p>No further information was provided by the end of the survey.</p> <p>Reference: 1. Mirtazapine is used to treat depression. Information obtained from https://medlineplus.gov/druginfo/meds/a697009.html</p>	F 656			
F 692 SS=D	<p>Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)</p> <p>§483.25(g) Assisted nutrition and hydration.</p>	F 692			

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F 692	<p>Continued From page 5</p> <p>(Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined that the facility staff failed to monitor a resident's weight to ensure nutritional status was maintained for one of four residents in the survey sample; Resident #3.</p> <p>The findings include:</p> <p>Resident #3 was admitted to the facility on 8/3/22 and had the diagnoses of but not limited to protein-calorie malnutrition and nutritional/metabolic disease. The most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 7/26/23 and coded the resident as severely cognitively impaired in ability</p>	F 692	<p>1. New order obtained for weekly weights x 4 for Resident #3. Weight was obtained 10/25/23, Registered Dietitian assessed to review nutritional status on 10/26/23. Resident #3 is own Responsible Party and is aware of weight status, son is POA-Care and aware of weight status.</p> <p>2. Any resident has the potential to be affected. 100% audit has been completed by the DON to verify all residents have current weights verifying nutritional status has been maintained.</p> <p>3. The Regional Director of Clinical Services has educated Director of Nursing, Assistant Director of Nursing, and Unit Managers on obtaining weight to ensure nutritional status is maintained. Education will be added to new hire orientation for clinical leadership.</p> <p>4. The Director of Nursing or designee will complete audit weekly x 4, then monthly x 2 to verify facility is obtaining weights per comprehensive care plan to monitor resident's nutritional status. The DON or designee will report findings of the audit to the QAPI committee monthly x 3 months for any further recommendations.</p>	11/9/23	

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F 692	<p>Continued From page 6</p> <p>to make daily life decisions, scoring a 5 out of a possible 15 on the BIMS (Brief Interview for Mental Status). The resident was coded as requiring supervision for eating.</p> <p>A review of the physician's orders revealed one dated 8/3/22 for "Weight on admission and then weekly x 4 one time a day every Thu (Thursday) for monitor weight for 4 weeks." There were no further orders for weights once this order was completed. There were no current orders for weight monitoring at the time of the survey.</p> <p>A review of the weight log revealed that monthly weights were obtained from August 2022 through July 2023. On 7/4/23 the resident's weight was 132.0 pounds. There were no further weights until 10/2/23, at which time the resident was 122.0 pounds, a ten pound (7.6%) weight loss over approximately 90 days.</p> <p>A review of the progress notes revealed one by the dietician dated 10/3/23 that documented, "Data : WEIGHT WARNING: Value: 122.0. Vital Date: 2023-10-02....-3.0% change from last weight [7.6%, 10.0]. -7.5% change [7.6%, 10.0]. Comments : Wts (weights), intakes variable 2/2 (secondary to) food preferences. Will add magic cup, discussed in IDT (interdisciplinary team) meeting."</p> <p>A review of the progress notes revealed one by the nurse practitioner dated 10/3/23 that documented, "...Weight loss from 132 - 122 lbs (pounds) - consider restarting Mirtazapine (1) 7.5mg (milligrams) PO (by mouth) at bedtime for depression and weight loss. At risk for malnutrition BMI (body mass index) of 24.1 - continue nutritional and dietary support. Monitor</p>	F 692			

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F 692	<p>Continued From page 7</p> <p>oral intake and weight. continue multivitamins. RD (Registered Dietician) consult as needed. Treatment plan discussed with patient and assigned nurse. We'll continue to follow-up with patient on as needed basis."</p> <p>On 10/17/23 at 1:20 PM, Resident #3 was observed feeding herself without any issues identified.</p> <p>On 10/17/23 at 3:44 PM, an interview was conducted with ASM #2 (Administrative Staff Member) the Director of Nursing. She stated that Resident #3 often refuses to eat, and most of the time peanut butter and jelly sandwich is the only thing they can get her to eat.</p> <p>On 10/17/23 at 4:07 PM in a follow up interview ASM #2 stated that upon review, there were no weights for August and September 2023. She stated that it would appear that when the order for weights dated 8/3/22 (above) fell off, it did not roll over to obtaining weights monthly. She stated that there was a CNA (Certified Nursing Assistant) that normally obtained monthly weights and got them on all residents on the long term care unit, but that the resident was moved to another unit (on 7/26/23) and the other unit did not continue to obtain monthly weights since it wasn't on the orders. She stated there was no way to determine if the weight loss was gradual or sudden. Without monthly monitoring, there was a potential that interventions were delayed.</p> <p>A review of the comprehensive care plan revealed one dated 8/9/22 for "Resident has increased malnutrition/dehydration risk related to: Moderate nutritional risk with altered nutrition related lab values and inability to manage self</p>	F 692			

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F 692	<p>Continued From page 8</p> <p>care. A therapeutic diet is provided." Interventions included one dated 8/9/22 for "Monitor weight per protocol."</p> <p>The facility policy, "Weights Policy" was reviewed. This policy documented, "Weights will be obtained routinely in order to monitor parameters of nutrition over time. Each individual's weight will be determined upon admission /readmission to the facility, weekly for the first four weeks after admission/readmission, and monthly or more often if risk is identified...."</p> <p>No further information was provided by the end of the survey.</p> <p>Reference: (1) Mirtazapine is used to treat depression. Information obtained from https://medlineplus.gov/druginfo/meds/a697009.h tml</p>	F 692			