

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

PRINTED: 12/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/16/2023
NAME OF PROVIDER OR SUPPLIER THREE RIVERS HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2960 CHELSEA ROAD WEST POINT, VA 23181	
(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 revisit to the abbreviated standard survey conducted 9/12/23 through 9/13/23, was conducted on 11/16/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey. The census in this 60 certified bed facility was 54 at the time of the survey. The survey sample consisted of 6 resident reviews.	{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 resident from the facility as specified in §483.15(c)(1)(ii). (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)	F 580	1. Resident #5 resides in the facility. Responsible Party was notified of the incident on 11/13/2023 at 0851. 2. All residents that have had an accident, significant change, needing an alternative treatment, and/or transfer or discharge out of the facility have the ability to be affected. A 14-day look back has been completed on all current residents that have had a change of condition to ensure that all appropriate notifications have been made to the healthcare provider and Responsible Party. 3. Licensed Nursing staff have been educated on notifications to healthcare provider and Responsible Party regarding a resident's change in condition.	12/15/2023

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

Debra Woody

TITLE

Administrator

(X6) DATE

12/14/23

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>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). This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, and facility documentation review, the facility staff failed to provide timely notification to the Responsible Party of a change in condition for 1 Resident, Resident #5, in a sample size of 6 Residents.</p> <p>The findings included:</p> <p>For Resident #5, facility staff failed to provide timely notification to the Responsible Party of his fall with injury which occurred on 11/10/23.</p>	F 580	<p>4. The Director of Nursing/designee will review reports daily for six weeks to ensure that the healthcare provider and Responsible Party were notified if there is a change in the resident's condition. All results and trends will be reviewed at the monthly Quality Assurance Performance Improvement meeting to determine compliance and ongoing auditing. Areas of variance will be investigated, and appropriate actions will be taken to minimize recurrence.</p>	

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F 580	<p>Continued From page 2</p> <p>On 11/16/23 at approximately 4:00 PM, Resident #5's clinical record was reviewed. A progress note dated 11/13/2023 at 8:51 AM documented, "RP [Responsible Party] was called and updated about fall on 11/10/23".</p> <p>A progress note dated 11/10/23 at 11:17 PM read, "Staff heard someone asking for help, nurse found resident laying on the floor next to his bed, resident was in his chair waiting for his scheduled shower, resident stated he was in no pain, resident has two scratches on the left middle side of his back, left wrist has abrasion from his watch, right thumb is bruised and fourth toe on his right foot was bent back with little bleeding, neuro checks have been started and vital signs are within normal limits, will continue to monitor".</p> <p>At approximately 4:30 PM, an interview was conducted with the Director of Nursing (DON) who confirmed the documentation in Resident #5's clinical record. The DON stated, "I would have expected that the Responsible Party for [Resident #5, name redacted] to be notified as soon as possible after taking care of his immediate needs first." A facility policy was requested and received.</p> <p>Review of the facility's policy titled "Fall Protocols" with a revision date October 1, 2023, page 3, subtitle, "Actual Fall" item 1a read, "The physician/practitioner and the resident representative will be notified of the fall and any change of condition of the resident."</p> <p>Review of the facility's policy titled, "Change in a Resident's Condition or Status," original date 8/30/2023, page 2, item 3 read, "Unless otherwise instructed by the resident, a nurse will</p>	F 580		

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F 580	Continued From page 3 notify the resident's representative when: (a) The resident is involved in any accident or incident that results in an injury including injuries of an unknown source" and item 4 read, "Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status." At approximately 4:45 PM, the Facility Administrator and DON were updated on the findings. No further information was provided.	F 580			