

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

PRINTED: 05/19/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2022
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NAME OF PROVIDER OR SUPPLIER VALLEY VIEW CARE & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 551 KENT STREET ANDREWS, NC 28901
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §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 provide as a result of PASARR recommendations. If a facility disagrees with the	F 656	4/25/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/05/2022
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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>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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to develop a care plan for a resident receiving an anticoagulant (blood thinner) for 1 of 7 residents reviewed for unnecessary medications (Resident #46).</p> <p>The findings included:</p> <p>Resident #46 was admitted to the facility on 11/17/2020.</p> <p>Resident #46's diagnoses included chronic embolism (obstruction of an artery) and thrombosis (blood clot) of unspecified deep veins of lower extremity, bilateral.</p> <p>Physician's orders were reviewed and revealed an order for Rivaroxaban (anticoagulant) 20 mg (milligrams) - give one tablet by mouth every day dated 9/14/2021.</p>	F 656	<p>The facility does develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights 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 plans do describe the following —</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; and</p> <p>(ii) Any services that would otherwise be required but are not provided due to the resident's exercise of rights, including the right to refuse treatment.</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of</p>		

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F 656	<p>Continued From page 2</p> <p>An annual Minimum Data Set (MDS) assessment dated 3/30/2022 revealed resident had received an anticoagulant 7 out of the 7 days in the look back period.</p> <p>Care plan review for Resident #46 revealed there was not a care plan in place for anticoagulant medication.</p> <p>An interview on 4/20/2022 at 11:17 AM with the MDS coordinator revealed there was not a care plan in place for an anticoagulant medication for Resident #46. The MDS coordinator indicated she was responsible for developing the care plans. The MDS coordinator stated she was not sure why the care plan was missed.</p> <p>An interview with the Director of Nursing (DON) on 4/20/2022 at 3:14 PM revealed it was her preference to have a care plan in place for the anticoagulant. The DON indicated she was not sure exactly why the care plan was missed, but there was potential that it was because they had been busy dealing with Covid-19 and although a care plan is important, resident care came first.</p>	F 656	<p>PASARR recommendations.</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.</p> <p>(C) Discharge plans.</p> <p>1. Corrective action taken by the facility to correct the alleged deficient practice:</p> <ul style="list-style-type: none"> On 4/20/2022, R46's care plan was reviewed and updated to reflect the use of prescribed anticoagulant, along with potential adverse effects related to the medications and nursing measures to promote safety and well-being. <p>2. Residents identified as having the potential to be affected by the same alleged deficient practice:</p> <ul style="list-style-type: none"> On 4/24/2022, Facility audited existing residents to identify those resident's whose medication regimen includes the use of anticoagulants. Based on results of audit, the facility validated that the identified residents had care plans which reflected the use of prescribed anticoagulant, along with potential adverse effects related to the medications and nursing measures to promote safety and well-being. Any identified discrepancies were corrected. This was completed on 4/23/2022. 		

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F 656	Continued From page 3	F 656	<p>3. Measures put in place or systemic changes made to ensure the alleged deficient practice will not occur:</p> <ul style="list-style-type: none"> On 4/25/2022, the Director of Nursing conducted education regarding the completion of care plans with the Minimum Data Set Nurse who is responsible for initiating and maintaining care plans upon admission, with significant change, and quarterly. <p>4. Facility plans to monitor its performance to ensure the corrective action is sustained:</p> <ul style="list-style-type: none"> Beginning 4/25/2022, The Director of Nursing, or designee, will review new admissions / readmissions on a weekly basis x 12 weeks to validate that any person receiving anticoagulation therapy has the appropriate care plan in place. The Director of Nursing introduced the plan of correction to the Quality Assurance Performance Improvement Committee on 4/25/2022. The Director of Nursing is responsible for implementing this plan. Findings will be reviewed by the QAPI Committee monthly and Quality monitoring (audit) updated if changes are needed based on findings. The Quality Assurance Performance Improvement Committee consists of but not limited to the Executive Director, Director of Nursing, Unit Manager, Assistant Director of Nursing, Social Services Manager, Business Office Manager, Activities Director, Human Resources, Pharmacist, Medical Director, CNA, Dietary Manager, Maintenance Director, Housekeeping 		

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F 656	Continued From page 4	F 656	Supervisor, Admissions, Medical Records, and MDS Nurse. The Director of Nursing will report findings to the Quality Assurance Performance Improvement Committee monthly for three months. 5. Date of Compliance: 4/25/2022		