

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/01/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>STONEVALLEY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>315 MAIN STREET</b> <b>ANYWHERE, US 00000</b>		
(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 686 SS=D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(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</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>ontinued From page 58</p> <p>Based on observations, record review and interview with resident and staff member, the facility failed to assure 1 of 9 residents reviewed with pressure injuries received necessary treatment to promote healing and prevent infections. Resident (R)99 presents with an unavoidable worsening pressure injury due to resident's non-compliance; however, the facility did not continue to revise care plan to develop further interventions to heal the wound.</p> <p>Findings Include:</p> <p>Cross Reference F657 and F842.</p> <p>Resident (R)99 was admitted to the facility on 01/27/21 with the following diagnoses: fracture of left clavicle (fall related), pressure injuries (Stage 1 to left buttock and Stage 2 to right buttock), cellulitis of right lower limb, and peripheral vascular disease.</p>	F 686			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 686	<p>Resident (R)99 was admitted to the facility on 01/27/21 with the following diagnoses: fracture of left clavicle (fall related), pressure injuries (Stage 1 to left buttock and Stage 2 to right buttock), cellulitis of right lower limb, and peripheral vascular disease.</p> <p>Observed R99 sitting in his wheelchair next to his bed eating breakfast on the morning of 03/10/21. Subsequently on 03/11/21 at 10:13 AM observed R99 in bed, laying partially on his right side. Briefly interviewed R99 regarding repositioning. R99 reported staff tell him to turn to his side, asked if he they turning, he did not respond. He stated improvement of his wounds after spending eight weeks in bed. R99 also shared that he did not like the bed the facility was providing. Second observation at 02:00 PM, R99 was observed to be in bed, laying on back. R99 observed with a zone mattress.</p> <p>Record review done on 03/11/21 and 03/12/21 found R99 has pressure injuries to left and right buttock and a Stage 3 pressure injury to the mid-back. A review of the admission note dated 01/27/21 at 04:26 PM found no documentation of a pressure injury to the mid-back. The entry for 02/02/21 notes R99's mid-back is excoriated. Subsequent entries (02/05/21, 02/10/21 and 02/11/21) notes R99's mid-back with friable skin.</p> <p>Review of "Weekly Wound Assessment" dated 02/06/21 notes R99 was provided with turning and repositioning routine. R99 was assessed with pressure injury to the mid-back on admission. The wound was originally a Stage I and presently a Stage II with worsening of the wound. Wound treatment was changed and R99 was provided with education and an air loss mattress for pressure relief.</p>	F 686			

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F 686	<p>Continued From page 2</p> <p>The assessment of 02/17/21 notes worsening of Stage II pressure injury, now a Stage III. Treatment was changed and wound was debrided due to thin yellow slough. The assessment of 02/24/21 notes unchanged wound which was debrided. Wound cultures were taken and sent to the lab. R99 continues on low air mattress and podus boot. The assessment of 03/03/21 notes R99 now on Cefdinir 300 mg until 03/13/21. The wound culture revealed e. coli (resident noted to have history with that organism).</p> <p>Further review of the record notes R99 complained of discomfort with the low air mattress and the mattress was changed to a zone air mattress on 03/03/21. A review of the CNA tasks documents R99's refusal for repositioning, as well as, documentation of physician and nurses providing education to R99 regarding the risk of non-compliance.</p> <p>On 03/11/21 at 02:00 PM, interview was done with Certified Nurse Aide (CNA)60. CNA60 reported R99 is repositioned to the side; however, will complain of pain and request to go back on his back (supine). Interview was done with Lead Restorative Nurse Aide (RNA) on 03/11/21 at 10:30 AM. RNA reported R99 continues to participate in physical therapy and there is continuation of range of motion intervention, as well as, ambulation.</p>	F 686			

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F 686	<p>Continued From page 3</p> <p>On the afternoon of 03/11/21 observation was done with Unit Manager (UM) Rachel. R99 was lying in bed on his back and he stated that the mattress had to be changed as it was so uncomfortable, there were rolls in it. Interview with the UM, reported R99 was admitted with reddened non-blanchable fragile skin due to scoliosis, leaning to the right side. UM recalled R99 was started on an air mattress, then changed to the low air mattress and presently the zone air mattress, the third mattress. UM further reported on 03/03/21 the physician provided education to the resident regarding the importance of the mattress, risks and benefits to changing the mattress; however, R99 still wanted to change the mattress.</p> <p>Interview and concurrent record review was done with UM. Inquired whether the facility developed a care plan to address R99's wounds. UM provided care plan that documents an opened wound to mid-back (dated 02/27/21). UM reported after debridement, R99's pressure injury was staged as a three due to the depth. Further queried whether R99's care plan interventions were revised following identification of the worsening pressure injury. UM reported the care plan was not revised with interventions to address the Stage III pressure injury. Further queried</p> <p>whether there are other interventions (i.e. increasing frequency for repositioning) that may promote the healing of the wound. UM opened her drawer, brought out ovate pink foam pads and stated she can place these pads around the wound to offload the pressure.</p> <p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p>	F 686			