

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345380</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/15/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>VILLAGE GREEN HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 PURDUE DRIVE</b> <b>FAYETTEVILLE, NC 28304</b>		
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F 688 SS=D	<p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p> <p>§483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff and resident interview, the facility failed to provide treatment to prevent further decrease in range of motion for 1 of 3 sampled residents reviewed for range of motion (Resident #261).</p> <p>Findings included:  Resident #261 was admitted to the facility on 01/23/18 with multiple diagnoses including dementia, cerebrovascular accident, hemiplegia, and muscle weakness. The quarterly Minimum Data Set (MDS) assessment dated 04/23/18 indicated that Resident #261 ' s cognitive was severely impaired and he had limitation in range of motion on lower and upper extremities on one side. The assessment also indicated that he was</p>	F 688	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the Provider of the truth or facts alleged or conclusion set forth on the statement of deficiencies. The plan is prepared and executed because it is required by the provisions of State and Federal Law.</p> <p>F688</p> <p>Resident #261 was evaluated by Therapy services on 6/15/18. Occupational Therapy started services on 6/15/18 for right hand therapy, Splint adjustments and establishing a restorative program.</p>	7/6/18	

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

TITLE

(X6) DATE

Electronically Signed

07/05/2018

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 688	<p>Continued From page 1</p> <p>not receiving restorative nursing program.</p> <p>Resident #261 care plan dated 02/01/18 was reviewed. One of the care plan problems specified the resident required assist with activities of daily living (ADL) related to impaired mobility. The goal was to reach his highest level of independence with ADL daily by next review. The approaches included therapy as ordered.</p> <p>The Occupational therapy (OT) notes dated 03/29/18 revealed that Resident #261 exhibited the right wrist flexed.</p> <p>The OT notes dated 4/20/18 revealed that OT evaluated Resident #261 and his discharge goal was for restorative nursing to be trained and to continue applying the hand splint. The long term goal was for Resident #261 to be independent in all aspects of self-care and ADL activities within the home in order to return home alone safely.</p> <p>On 06/11/18 at 07:30 PM, Resident #261 was observed in his room in bed with right hand in a fist like position. There was no hand splint noted.</p> <p>On 06/12/18 at 09:40 AM, Resident #261 was observed up in wheelchair. His right hand was in fist position and there was no hand splint noted. He stated that therapy had been applying the splint o his right hand in the past but he had not had it on recently. Resident #261 stated he would like to have something for his hands so it would not get worse.</p> <p>On 06/13/18 at 2:10 PM, Resident #261 was observed up in wheelchair. His right hand was in fist position and there was no hand splint noted.</p>	F 688	<p>On 6/14/18 an audit was done by the Rehab Services Director to assess for any resident who completed rehabilitation services over the previous 90 days and were found to have a need for restorative nursing. The audit was to determine if all referrals to restorative nursing were complete. Of the 33 residents audited, none were found to be without services.</p> <p>On 6/28/18 the Director of Nursing completed an audit of the restorative program referrals to ensure all residents were appropriately set up to receive services. Of those residents none were found to be without services.</p> <p>The Rehab Services Director will provide a copy of the Restorative referral to the Director of Nursing as each resident has been evaluated for an appropriate restorative program. The Director of Nursing will implement the appropriate program with the restorative team (to include the Restorative Nurse and Restorative Aides). This process will be audited weekly X 8 weeks then monthly X 1 month, using the "Restorative Program Audit Tool" in the weekly restorative team meeting.</p> <p>Results of the "Restorative Program Audit tool" will be presented monthly in the QAPI committee for a minimum of three consecutive meetings.</p>		

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F 688	<p>Continued From page 2</p> <p>On 06/14/18 at 12:20 PM, the Therapy Director was interviewed. She stated that Resident #261 services had been completed from 03/29/18 through 04/23/18 for physical therapy and 03/29/18 through 04/20/18 for occupational therapy. She continued by stating he was discharged to the restorative nursing program for the application of the hand splint.</p> <p>On 06/14/18 at 12:45 PM, an interview with Nurse #1, revealed there had been no referral from occupational therapy for restorative services. There had been no training for application of a hand splint for Resident #261 and the Resident was not on their work load for splinting and range of motion exercises.</p> <p>On 06/14/18 at 01:05 PM, the Therapy Director was interviewed. It was revealed that there was no start date on the referral form for the resident and the orders had never been forwarded to restorative nursing. The Therapy Director explained that it was overlooked to refer the resident to restorative nursing for the application of the right-hand splint after discharge from therapy. She revealed she checked him and she would forward the start date for his restorative services immediately.</p> <p>On 06/14/18 at 3:30 PM, Restorative Nursing Assistant #1 was interviewed. She stated that Resident #261 was not on their work load for splinting or range of motion exercises on his right hand.</p> <p>During an interview with the Administrator on 06/15/18 at 09:20 AM, the Administrator stated that he expected the therapist to write a recommendation to the restorative nursing after</p>	F 688			

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

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