

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

PRINTED: 06/03/2021  
FORM APPROVED  
OMB NO. 0938-0391

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>04/30/2021</b>
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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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E 000	Initial Comments  An unannounced Recertification survey was conducted on 04/26/21 through 04/30/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #RJUD11.	E 000		
F 000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 04/26/21 through 04/30/21. Event ID#RJUD11.	F 000		
F 551 SS=D	1 of the 22 complaint allegations was substantiated. Rights Exercised by Representative CFR(s): 483.10(b)(3)-(7)(i)-(iii)  §483.10(b)(3) In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated. (i) The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative. (ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.  §483.10(b)(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or	F 551		5/3/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  05/21/2021
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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 551	<p>Continued From page 1</p> <p>delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(5) The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law.</p> <p>§483.10(b)(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.</p> <p>(i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative's authority.</p> <p>(ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative.</p> <p>(iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 551			

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F 551	<p>Continued From page 2</p> <p>Based on record review and staff interviews, facility failed to obtain a consent from the Responsible Party (RP) before giving a COVID-19 vaccine for 1 of 3 sampled residents. (Resident #244).</p> <p>The findings included:</p> <p>Resident # 244 was admitted to the facility on 03/03/2021. She was admitted with diagnoses that include anemia, Coronary Artery disease, heart failure, hypertension, gastroesophageal reflux disease, urinary tract infection, hyperlipidemia, thyroid disorder, arthritis and mixed dementia. Minimum Data Set (MDS) dated 03/06/2021 indicated she was severely cognitively impaired. she required limited assistance with bed mobility, extensive assistance with dressing, independent with eating, limited assistance with toileting and limited assistant with personal hygiene. Resident # 244 was care planned for the following areas: complications for fatigue, weakness, and confusion related to dx of anemia, require assist with ADL's due to impaired mobility, at risk for falls due to an unsteady gait and a hx of falls</p> <p>Review of the form "Informed Consent for Vaccination in Long Term Care Facility" dated 03/10/2021 revealed no signature or verbal consent provided by the Responsible Party (RP).</p> <p>During the phone interview on 04/27/202 at 10:00 AM, the Responsible Party indicated she did not give permission for a COVID-19 vaccine to be given to Resident # 244.</p> <p>During the interview on 04/27/2021 at 11:00 AM, Nurse # 1 stated she did not document that the</p>	F 551	<p>The Wellness Coordinator was reeducated by the Director of Nursing on April 29th, 2021 on obtaining a signature or verbal consent from resident or responsible party if resident is unable to consent prior to the administration of the Covid-19 vaccine.</p> <p>All nurses LPN/RN's were educated on obtaining a signature or verbal consent from resident or responsible party if resident is unable to consent prior to the administration of the Covid-19 vaccine. All education was completed by May 3rd, 2021.</p> <p>100% Audit on all in house resident's covid-19 vaccine consents was completed by Medical Records on April 29th, 2021. This audit reviewed for proper consent from either the resident or the responsible party if resident is unable to consent. Covid-19 vaccination consent and education was added to the admission paperwork on April 30th 2021 . Any resident who's consent was not correct, notification to the resident or Responsible Party was notified on April 30th, 2021 by Quality Assurance Nurse.</p> <p>The Director of Nursing or designee will perform an audit of all newly signed COVID vaccine consents weekly x 4 weeks then monthly x 2 to ensure compliance.</p> <p>The results of the COVID vaccine consents will be brought to the Quality Assurance Committee for three consecutive meetings by the Director of Nursing.</p>		

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F 551	Continued From page 3 RP gave verbal consent for Resident # 244 to receive a vaccine on the COVID-19 vaccination form. Nurse # 1 also stated she understands the resident was cognitively impaired and that was the reason it was important to get consent from the Responsible Party.  The Director of Nursing stated during the interview on 04/27/2021 at 11:07 AM that she was not sure why Nurse # 1 failed to document she called the Responsible Party on the phone for verbal consent before giving the COVID-19 vaccine to Resident # 244. She stated her expectation was for Nurse # 1 to have called RP and document the verbal consent on the vaccination consent form before giving COVID-19 vaccine to Resident # 244.	F 551			
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2)  §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:  §483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.  §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon	F 644		4/30/21	

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F 644	<p>Continued From page 4</p> <p>a significant change in status assessment. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to obtain a Level II Preadmission Screening and Resident Review (PASARR) for a resident with an active diagnosis of a serious mental illness for 1 of 1 residents reviewed for PASRR (Resident #76).</p> <p>The findings included:</p> <p>Resident #76 was admitted to the facility on 07/18/18 after hospitalization.</p> <p>Review of the PASRR Level I application dated 07/10/18 revealed no mental health diagnosis.</p> <p>Review of the PASRR Level I Determination Notification letter dated 07/10/18 revealed that "no further PASRR screening is required unless a significant change occurs with the individual's status that suggest a diagnosis of mental illness or mental retardation or, if present, suggests a change in treatment needs for those conditions."</p> <p>Review of Resident #76's Annual Minimum Data Set (MDS) dated 02/27/21 revealed Resident #76 current diagnoses included, in part, anxiety disorder, depression, psychotic disorder, hallucinations, and dementia.</p> <p>In an interview on 04/28/21 at 10:31 AM with the Social Worker (SW), she stated when a resident was newly diagnosed with a mental illness the resident needed to be evaluated for a Level II PASRR. The SW stated she was not in the current position when the evaluation should have been completed, she did not know what had</p>	F 644	<p>The Director of Social Services immediately completed an updated screening to the PASRR office for resident #76 on April 28th, 2021. The Director of Social Services was reeducated by the Administrator on when to submit a PASARR Significant Change.</p> <p>100% of all inhouse resident's charts were audited by The Director of Social Services on April 28th, 2021 to identify any resident with newly evident or possible serious mental disorder, intellectual disability, or a related condition that would require a level II PASARR review. Any and all residents found to meet the criteria, a PASRR significant change review request was submitted to NCMUST.</p> <p>Social Worker, MDS Coordinator and Medical Records was in-serviced by the Administrator on the policy of submitting a PASARR screening to the PASARR office when there has been a significant change, major decline or improvement in a resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical intervention. All education was completed on April 30, 2021.</p> <p>The Director of Social Services or designee will perform an audit of 5 residents weekly x 4 weeks then monthly x 2 to ensure compliance.</p> <p>The results of the PASARR audits will brought to the Quality Assurance Committee for three consecutive</p>		

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F 644	Continued From page 5 happened or why the evaluation was not done. She stated she would make the corrections and she shared the monitoring sheet the facility was currently using for PASRR tracking.  An interview was conducted with the facility's Administrator on 04/28/2021 at 03:28 PM, she expressed the PASARR information is expected to be updated immediately and follow up documentation sent for evaluation as appropriate to the interdisciplinary team. She expressed all residents should be reviewed and screened for any needed Level II PASRR assessments when changes occur.	F 644	meetings by the Social Worker.		