Printed: 06/05/2025 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 09/13/2023
NAME OF PROVIDER OR SUPPLIER  Three Rivers Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZI 2960 Chelsea Road West Point, VA 23181	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0552  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	**NOTE- TERMS IN BRACKETS H Based on staff interview, Ombudsh record review, and in the course of resident's responsible party and ph #2) in a survey sample of four (4) r For Resident #2, the facility discon medications after 30 days, and did medications were discontinued: Dil medication for new onset atrial fibril The findings included:  Resident #2 was admitted to the fa fibrillation, aortic valve stenosis, ac anticoagulants, hypertension, high Resident #2's most recent Minimur 07/10/2023 was coded as a 5-day Interview of Mental Status (BIMS) s Resident #2 was also coded as recactivities of daily living, such as ber Hospital records from 06/26/2023 t Resident #2 was discharged from to ventricular response on 07/03/2023 medications from a hospitalist doct for the resident to follow-up with the orders. This provides for continuity nursing facility to home after rehab	tinued all of the resident's cardiac, anti not notify the physician, nor family of t ltiazem, Metoprolol, and Apixaban antic	documentation review, clinical taff failed to ensure a demented eatment for one resident (Residents hypertensive, and blood thinning he discontinuance. These following coagulation (blood thinner)  gnoses included, new onset atrial art attack, long term use of trition, and dementia.  reference date (ARD) of as coded as having a Briefing significant cognitive impairment. It dependence on staff to perform did toileting.  I revealed the following:  The hospital doctor's intention was ars to monitor and continue those cility, and ultimately from the owing:

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.

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

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 495303

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(X4) ID PREFIX TAG	4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFIC  (Each deficiency must be preceded by f		on)
F 0552  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Schedule appointment with Cardiol Apixaban - anticoagulant Diltiazem - antihypertensive Metoprolol - antihypertensive Atorvastatin - lowers high cholester Vitamin D-3 - supplement Calcium - supplement Vitamin B-12 - supplement Iron - supplement Prilosec - gastric reflux Miralax - constipation Review of Resident #2's clinical recadministered one time on the day a unknown reason as no document rediscontinued after 30 days of use with other 2 medications after the 8: The following 3 cardiac medication rehospitalization , at approximately 1. Diltiazem (antihypertensive) - recept and at 8:00 a.m. 2. Metoprolol (antihypertensive) - retimes per day and 8:00 a.m., and 9 3. Apixaban (anticoagulant) - blood stroke, 5 mg one tablet twice per day	cord revealed that the Atorvastatin for hafter admission, 07/04/2023, and disconeveals the reason for the discontinuance with Diltiazem discontinued on 08/02/2000 a.m. dose on 08/03/2023.  Is were not restarted while Resident #2 11:30 a.m., on 08/14/2023 (11 days la duces workload on the vessels and head educes workload educes workload on the vessels and head educes workload educ	nigh cholesterol was only ntinued on that same day for an one. The 3 cardiac medications were 23 after the 8:00 a.m. dose, and was in the nursing facility, prior to ter) with a stroke.  art, 240 milligrams (mg) one time eart, 25 mg one half tablet two ning and causing heart attack and

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Three Rivers Health & Rehab Cent	Three Rivers Health & Rehab Center		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0552  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During interviews, it was found that were never scheduled, nor were the family was also not contacted and a scheduled that the Medication and Treatment Adrand revealed nursing signatures in morning of 08/02/2023, and the oth 08/03/2023.  Nursing progress notes were review discontinued, nor that the doctor, of Physician's progress notes were rediscontinued, No aspirin will be on progress notes until the time of discontinued aware of the discontinuance.  On 09/13/2023 at 11:00 a.m., the Estated she had been unaware that notified of medications being discontinued. The Administrator was the time of exit of the survey. At the further to provide.	the follow-up appointments ordered for ose doctors contacted about continuing alerted to the fact that the cardiac med ministration Record (MAR/TAR) was redicating the Diltiazem medication had been 2 cardiac drugs were administered wed, and revealed no notes documenting family was ever made aware of the diviewed and revealed on 08/04/2023, the Eliquis for A-fib .full code After that not charge (for stroke like symptoms) indict of the cardiac medications by staff for Director of Nursing (DON) was interview medications had not been given, nor the intinued by staff . The DON was a new at a conference during the survey and at time, she was made aware of finding 00 p.m., at the end of day debrief, the of the doctor and family of the discontinual time.	or PCP, and Cardiology doctors of the cardiac medications. The ications were discontinued.  Viewed for July and August 2023, been administered through the up through the morning of the medication had been scontinuance.  The day after the cardiac drugs were e, none of the following physician ated that the physician was never Resident #2.  Wed in the conference room and that the doctor and family were not staff member and had recently was not able to be reached until s and stated she had nothing

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F 0580  Level of Harm - Minimal harm or	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.		
potential for actual harm	41450		
Residents Affected - Few	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.		
	The findings included:		
	For Resident #5, facility staff failed which occurred on 11/10/23.	to provide timely notification to the Res	sponsible Party of his fall with injury
		PM, Resident #5's clinical record was d, RP [Responsible Party] was called a	
	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 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 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 immediate needs first. A facility policy was requested and received.		
		Fall Protocols with a revision date Octo cian/practitioner and the resident repre resident.	
	Review of the facility's policy titled, Change in a Resident's Condition or Status, original date 8/30/2023, 2, item 3 read, Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: (a) The resident is involved in any accident or incident that results in an injury including injuries of 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.		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for admitted  **NOTE- TERMS IN BRACKETS IN Based on staff interview, Ombudsn record review, and in the course of a baseline care plan for cardiac tre (4) Residents.  1. For Resident #2, the facility did r diagnosis of new onset atrial fibrillal medication therapy.  2. For Resident #1, the facility staff (MASD), care for inguinal dialysis is hospitalization.  The findings included:  1. Resident #2 was admitted to the fibrillation, aortic valve stenosis, ao anticoagulants, hypertension, high  Resident #2's most recent Minimur 07/10/2023 was coded as a 5-day interview of Mental Status (BIMS) is Resident #2 was also coded as recactivities of daily living, such as bed Hospital records from 06/26/2023 the Resident #2 was discharged from the ventricular response on 07/03/2023 medications from a hospitalist doct for the resident to follow-up with the orders. This provides for continuity nursing facility to home after rehab Schedule appointment with Primary one week.	r meeting the resident's most immediated and interview, family interview, facility of a complaint investigation, the facility statement for two residents (Residents #2 mot develop nor implement a cardiac castion, heart attack, with cardiac doctor of the facility on [DATE] from the hospital. District valve insufficiency, likely acute hear cholesterol, mild protein calorie malnut and Data Set (MDS) with an assessment admission assessment. Resident #2 we score of 6 out of a possible 15, revealing quiring extensive assistance to completed mobility, transferring, locomotion, and the hospital to the nursing facility with mala. The resident was issued the customal or after being stabilized in the hospital. The resident was issued the customal or after being stabilized in the hospital. The resident was issued the customal or after being stabilized in the hospital. The resident was issued the customal or after being stabilized in the hospital. The resident was issued the customal or after being stabilized in the hospital. The resident was issued the customal or after being stabilized in the hospital of care for discharge to the nursing facility of care for discharge to the nursing facilitation. Those orders were for the follows the protein as soon as protein as as as as a so	e needs within 48 hours of being  ONFIDENTIALITY** 31199  documentation review, clinical taff failed to develop and implement and #1) in a survey sample of four are plan for the primary admitting oversight, and new cardiac are moisture associated skin damage an each and knee after  diagnoses included, new onset atrial art attack, long term use of a coded as having a Briefing significant cognitive impairment. The dependence on staff to perform a toileting.  The hospital doctor's intention was rest to monitor and continue those cility, and ultimately from the lowing:  Boon as possible for a visit within

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F 0655  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	administered one time on the day a unknown reason as no document in discontinued after 30 days of use with the other 2 medications after the 8:  The following 3 cardiac medications rehospitalization, at approximately  1. Diltiazem (antihypertensive) - reciper day at 8:00 a.m.  2. Metoprolol (antihypertensive) - retimes per day and 8:00a.m., and 9:  3. Apixaban (anticoagulant) - blood stroke, 5 mg one tablet twice per day it is notable to mention that all other during interviews it was found that never scheduled, nor were those discontinued in the second stroke of the se	cord revealed that the Atorvastatin for hafter admission, 07/04/2023, and disconeveals the reason for the discontinuance with Diltiazem discontinued on 08/02/2000 a.m. dose on 08/03/2023.  Is were not restarted while Resident #2 11:30 a.m., on 08/14/2023 (11 days laduces workload on the vessels and head educes workload on the vessels and head educes workload on the vessels and head on p.m.	ntinued on that same day for an one. The 3 cardiac medications were 123 after the 8:00 a.m. dose, and was in the nursing facility, prior to oter) with a stroke.  The 3 cardiac medications were 123 after the 8:00 a.m. dose, and was in the nursing facility, prior to oter) with a stroke.  The 3 cardiac medications (mg) one time the art, 240 milligrams (mg) one time of the art, 25 mg one half tablet two oning and causing heart attack and onursing facility.  The 4 cardiac medications are cardiac medications. The family

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F 0655  Level of Harm - Minimal harm or potential for actual harm	The Medication and Treatment Administration Record (MAR/TAR) was reviewed for July and August 2023, and revealed nursing signatures indicating the Diltiazem medication had been administered through the morning of 08/02/2023, and the other 2 cardiac drugs were administered through the morning of 08/03/2023.			
Residents Affected - Few	Resident #2's care plan was reviewed and revealed no focus, nor interventions for the primary diagnosis of atrial fibrillation, anticoagulant therapy, heart attack, and cardiac medication treatment, nor follow-up appointment with the cardiac doctor. The family was not involved in the care planning process.			
		wed, and revealed no notes documenti r family was ever made aware of the di		
	On 09/13/2023 at 11:00 a.m., the Director of Nursing (DON) was interviewed in the conference room and stated she had been unaware that medications had not been given, nor that the doctor and family were no notified of medications being discontinued by staff. The DON was a new staff member and had recently be hired. The Administrator was at a conference during the survey and was not able to be reached until the till of exit of the survey. At that time, she was made aware of findings and stated she had nothing further to provide.			
		00 p.m., at the end of day debrief, the <i>i</i> lop and implement a cardiac care plan		
	No further information was provide	d.		
	2. For Resident #1, the facility staff did not provide a baseline care plan for moisture associated skin damage (MASD), care for inguinal dialysis shunt placement site, and sutures in the neck and knee after hospitalization.			
	The Findings included:			
		cility on [DATE] with diagnoses includir lism of left femoral vein, left knee pain, reast cancer.		
	Resident #1's most recent Minimum Data Set Assessment (MDS) with an Assessment R (ARD) of 03/15/2023. which was a 5-day admission assessment. The MDS coded Reside extensive to total staff assistance with toileting, hygiene, and bathing. The resident was a 15 possible points on a BIMS, indicating mild cognitive impairment. The resident was cognicontinent of bowel and bladder.			
	Review of Resident #1's progress notes indicated on 03/10/2023, (Resident name) has surgical woun knee two small incisions from knee surgery .baseline care plan has been initiated .			
	(continued on next page)			

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F 0655  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	The resident's care plan was review does not indicate the resident had a her knee after knee surgery in the I artery dialysis shunt placed in the record regarding these. There were issues actually experienced by Rescare plan.  Resident #1's physician orders, assadministration record (TAR), were received for the 2 suture locations assessments of those 2 areas of thindication of suture removal orders.  The National Institutes of Health (N practice, sutures on the neck shoul to 14 days. If sutures are left in too area, and could increase scar tissu.  No orders nor assessments were edialysis shunt area.  The first skin impairment note in the document, described moisture asse was given and the form was not coresident's 4-day stay before being to Activities of daily living (ADL) record documented as being provided dail resident's stay.  Staff stated the facility policy on Peapproximately every 2 hours every briefs, and cleansing. Staff further sincontinent episode. Resident #1 was evidenced by the MASD actually	full regulatory or LSC identifying information wed, and revealed a care plan for poter actual MASD found by staff on 03/23/2 hospital, nor sutures in her neck. There esident's inguinal crease (groin) area, are no interventions, nor mention of care sident #1 in the care plan, which would reveign and revealed the only skin care on 03/12/2023 to clean with normal sale skin exists in the clinical record during during the resident's stay.  Which gives guidance on sutured wounds and be removed in 7 days, and in the low long it may be difficult to remove them are at the site.  Ever placed in the clinical records for the extra condition of the clinical record occurred on 03/23/202 cociated skin damage (MASD) right and impleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility on 03/27/202 ociated skin damage (MASD) right and mpleted. No treatments were ordered for transferred to another facility or ociated skin damage (MASD) rig	ntial for skin impairment; however, 023, nor does it mention sutures to was also no mention of a femoral and no assessments in the clinical and treatment of any of the 4 skin have required an active treatment ecord (MAR), and treatment re orders (3 days after admission) ine and leave open to air. No g the 19-day stay, nor is there any and states as a standard of the extremities overlying a joint 12 with a potential to reinjure the eMASD, and femoral inguinal and states. No other information or the MASD for the rest of the 2023.  In the provided deed removal of wet incontinent the example of the was that care would be provided uded removal of wet incontinent the example of

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F 0658  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure services provided by the nutericular response on 07/03/2023 tresident #2 was discharged from to the resident #3 was declared as the resident #4. The facility staff thinning medications after 30 days doctor of the discontinuance, did not a physician, and did not develop not 2. For Resident #1, the facility staff skin damage (MASD), and further the fibrillation, and sutures in the neck and the fibrillation, aortic valve stenosis, and anticoagulants, hypertension, high Resident #2's most recent Minimur 07/03/2023 was coded as a 5-day of mental status (BIMS) score of 6 #2 was also coded as requiring ext daily living, such as bed mobility, the Hospital records from 06/26/2023 the Resident #2 was discharged from the ventricular response on 07/03/2023 medications from a hospitalist doct for the resident to follow-up with the orders. This provides for continuity nursing facility to home after rehab schedule appointment with Primary one week.	ursing facility meet professional standar HAVE BEEN EDITED TO PROTECT Contains interview, family interview, facility of a complaint investigation, the facility surfactice for two residents (Residents #2 discontinued all the resident's cardiac for new onset atrial fibrillation. They also to obtain follow-up appointments with the primplement a nursing care plan for cast did not provide incontinence care time failed to care for, and care plan for ingu	rds of quality.  ONFIDENTIALITY** 31199  documentation review, clinical taff failed to maintain the 2 and #1) in a survey sample of four 4, antihypertensive, and blood 50 failed to notify the family and 61 he resident's doctors as ordered by 61 yresulting in moisture associated 61 yresulting in moisture as

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F 0658  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	administered one time on the day a unknown reason as no document in discontinued after 30 days of use with the other 2 medications after the 8:  The following 3 cardiac medications rehospitalization, at approximately  1. Diltiazem (antihypertensive) - reciper day at 8:00 a.m.  2. Metoprolol (antihypertensive) - retimes per day and 8:00 a.m., and 9  3. Apixaban (anticoagulant) - blood stroke, 5 mg one tablet twice per day lit is notable to mention that all other days in the province of the province of the province of the days and the province of the days and the province of the province of the days and the province of the province	cord revealed that the atorvastatin for hafter admission, 07/04/2023, and disconseveals the reason for the discontinuance with Diltiazem discontinued on 08/02/2000 a.m. dose on 08/03/2023.  So were not restarted while Resident #2 11:30 a.m., on 08/14/2023 (11 days laduces workload on the vessels and head educes workload educes workload on the vessels and head educes workload educes workload on the vessels and head educes workload educes workload on the vessels and head educes workload educes workl	ntinued on the same day for an one. The 3 cardiac medications were 123 after the 8:00 a.m. dose, and was in the nursing facility, prior to ter) with a stroke.  The 3 cardiac medications were 123 after the 8:00 a.m. dose, and was in the nursing facility, prior to ter) with a stroke.  The 3 cardiac medications were 123 after the 8:00 a.m. dose, and 124 after the 8:00 a.m. dose, and 125 after the 8:00 after the 8:00 a.m. dose, and 125 after the 8:00

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F 0658  Level of Harm - Minimal harm or potential for actual harm	The Medication and Treatment Administration Record (MAR/TAR) was reviewed for July and August 2023, and revealed nursing signatures indicating the Diltiazem medication had been administered through the morning of 08/02/2023, and the other 2 cardiac drugs were administered up through the morning of 08/03/2023.		
Residents Affected - Few	Guidance for the administration of (National Institutes of Health & Med	Apixaban/Eliquis is given by The Nation dline.gov), and is as follows:	nal Institutes of Health (NIH)
	Apixaban reduces the risk of stroke events, like stroke, heart attack and	es and blood clots. Stopping Apixaban d d pulmonary embolus.	will increase the risk of thrombotic
		ved and revealed no focus, nor interver apy, heart attack, and cardiac medication	. , ,
		wed, and revealed no notes documenti r family was ever made aware of the di	
	Physician's progress notes were reviewed and revealed on 08/04/2023, the day after the condiscontinued, No aspirin will be on Eliquis for A-fib .full code. After that note, none of the following progress notes until the time of discharge (for stroke like symptoms) indicated the physician aware of the discontinuance of the cardiac medications by staff for Resident #2.		
		tes were reviewed and revealed that or ital for stroke like symptoms. The resid ressure was 130/78.	
	On the morning of discharge, 08/14/2023, Resident #2 went back to the hospital. The nursing notes indicated between 9:30 a.m., and 11:37 a.m., the resident was experiencing irregular pulse, altered level of consciousness, weakness/hemiparesis, leaning in wheel chair, slurred speech, and 911. Emergency services was called to transfer the resident to the hospital. At 6:36 p.m., the progress notes documented the facility staff called the hospital emergency room to get a report of the condition of the resident and were told that Resident #2 was admitted for a stroke.		
	Discharge records from the hospital after treatment on 08/16/2023 indicated diagnosis of stroke. Resident #2 was discharged home with family and hospice services.		
	On 09/13/2023 at 11:00 a.m., the Director of Nursing (DON) was interviewed in the conference room and stated she was not aware the medications had not been given, the appointments had not been set, there was no cardiac care plan, nor that the doctor and family were not notified of medications being discontinued by staff. The DON was a new staff member and had recently been hired. The Administrator was at a conference during the survey and was not able to be reached until the time of exit of the survey. At that time she was made aware of findings and stated she had nothing further to provide.		
		00 p.m., at the end of day debrief, the alop care plans, set follow up appointmece.	
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  INTERPRETATION NUMBER: 49503  NAME OF PROVIDER OR SUPPLIER Three Rivers Health & Rehald Center  STREET ADDRESS, CITY, STATE, ZIP CODE  STREET, CITY, STATE, ZIP CODE  STREET, STATE, ZIP CODE  STREET, STATE, ZIP CODE  STREET, STATE, ZIP CODE  STREET, STATE, ZIP CODE  STREET				110. 0700 0071
Three Rivers Health & Rehab Center  2960 Chelsea Road West Point, VA 23181  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be praceded by full regulatory or LSC identifying information)  No further information was provided.  2. For Resident #1, the facility staff did not provide incontinence care timely resulting in moisture associated skin damage (MASD), and further failed to care for inguinal dialysis shurt placement sile, and sutures in the neck should be removed in the facility on [DATE] with diagnoses including, acute kidney failure, effusion left knee, diabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyriodism, venous insofficiency, strick, and breast cancer.  Resident #1's most report Minimum Data Set Assessment (MDS) with an Assessment Reference Date (APD) of 631/50023 was a 5-day admission assessment. The MDS coded Resident #1 as needing verticable to total safe assistance with leading the points on a Brite Interview for Methal Status (BMS), indicating mild cognitive impairment. The resident was coded as 10 of 15 possible points on a Brite Interview for Methal Status (BMS), indicating mild cognitive impairment. The resident was coded as 10 assessment in the complex of the seal of the properties of the seal of the se		IDENTIFICATION NUMBER:	A. Building	COMPLETED
Three Rivers Health & Rehab Center  2960 Chelsea Road West Point, VA 23181  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be praceded by full regulatory or LSC identifying information)  No further information was provided.  2. For Resident #1, the facility staff did not provide incontinence care timely resulting in moisture associated skin damage (MASD), and further failed to care for inguinal dialysis shurt placement sile, and sutures in the neck should be removed in the facility on [DATE] with diagnoses including, acute kidney failure, effusion left knee, diabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyriodism, venous insofficiency, strick, and breast cancer.  Resident #1's most report Minimum Data Set Assessment (MDS) with an Assessment Reference Date (APD) of 631/50023 was a 5-day admission assessment. The MDS coded Resident #1 as needing verticable to total safe assistance with leading the points on a Brite Interview for Methal Status (BMS), indicating mild cognitive impairment. The resident was coded as 10 of 15 possible points on a Brite Interview for Methal Status (BMS), indicating mild cognitive impairment. The resident was coded as 10 assessment in the complex of the seal of the properties of the seal of the se	NAME OF DROVIDED OR SURDI IED		STREET ADDRESS, CITY, STATE, 71	P CODE
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  No further information was provided.  2. For Resident #1, the facility staff did not provide incontinence care timely resulting in moisture associated skin damage (MASD), and further failed to care for inquinal dialysis shunt placement site, and sutures in the neck and knee after hospitalization.  The findings included:  Resident #1 was admitted to the facility on [DATE] with diagnoses including, acute kidney failure, effusion left knee, diabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyroidism, venous insufficiency, stroke, and breast cancer.  Resident #1's most recent Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 03/15/2023 was a 5-day admission assessment. The MDS code Resident #1's a needing extensive to total staff assistance with tolieting, hygiene, and bathing. The resident was also coded as 10 of 15 possible points on a Brief Interview for Mental Status (BIMS), indicating mild cognitive impairment. The resident was coded as frequently incontinent of bowel and bladder.  Review of Resident #1's progress notes indicated on 03/10/2023, (Resident name) has surgical wounds left knee two small incisions from knee surgery, baseline care plan for potential for skin impairment; however, the care plan does not indicate the resident had actual MASD found by staff on 03/23/2023, nor does it mention sutures to her knee after knee surgery in the hospital, nor sutures in here. There was also no assessments in the clinical record regarding bese. There were no interventions, nor mention of a formar and ready adays shut placed in the resident's inguinal care plan, which would have required an active treatment care plan.  Resident #1's physician orders, assessments, medication administration record (MAR), and treatment administration record (TAR), were reviewed and revealed the only skin care orders (3 days after a			2960 Chelsea Road	. 3352
Each deficiency must be preceded by full regulatory or LSC identifying information)	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
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Residents Affected - Few  The findings included:  Resident #1 was admitted to the facility on [DATE] with diagnoses including, acute kidney failure, effusion left knee, diabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyroidism, venous insufficiency, stroke, and breast cancer.  Resident #1's most recent Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 03/15/20/23 was a 5-day admission assessment. The MDS coded Resident #1 as needing extensive to total staff assistance with toileting, hygiene, and baring. The resident was also coded as 10 of 15 possible points on a Brief Interview for Mental Status (BIMS), indicating mild cognitive impairment. The resident was coded as frequently incontinent of bowel and bladder.  Review of Resident #1's progress notes indicated on 03/10/2023, (Resident name) has surgical wounds left knee two small incisions from knee surgery, baseline care plan has been initiated.  The resident's care plan was reviewed and revealed a care plan for potential for skin impairment; however, the care plan does not indicate the resident had actual MASD found by staff on 03/23/20/23, nor does it mention sutures to her knee after knee surgery in the hospital, nor sutures in reak. There was also no mention of a femoral artery dialysis shunt placed in the resident's inguinal crease (groin) area, and no assessments in the clinical record regarding these. There were no interventions, nor mention of care and treatment of any of the 4 skin issues actually experienced by Resident #1 in the care plan, which would have required an active treatment care plan.  Resident #1's physician orders, assessments, medication administration record (MAR), and treatment administration record (TAR), were reviewed and revealed the only skin care orders (3 days after admission) received for the 2 suture locations on 03/12/2023 to clean with normal saline and leave open to air. No assessments of those 2 areas of the skin exists in the clinical record during the	F 0658	No further information was provided	d.	
The first skin impairment note in the clinical record occurred on 03/23/2023, which was a skin evaluation document, described moisture associated skin damage (MASD) right and left buttocks. No other information was given and the form was not completed. No treatments were ordered for the MASD for the rest of the resident's 4-day stay before being transferred to another facility on 03/27/2023.	potential for actual harm	skin damage (MASD), and further in neck and knee after hospitalization. The findings included:  Resident #1 was admitted to the faknee, diabetes type 2, acute embolivenous insufficiency, stroke, and but the resident #1's most recent Minimur (ARD) of 03/15/2023 was a 5-day are extensive to total staff assistance with 15 possible points on a Brief Interving resident was coded as frequently in Review of Resident #1's progress in knee two small incisions from knee.  The resident's care plan was review the care plan does not indicate the mention sutures to her knee after kneention of a femoral artery dialysis assessments in the clinical record in treatment of any of the 4 skin issue required an active treatment care proceived for the 2 suture locations assessments of those 2 areas of the indication of suture removal orders.  The National Institutes of Health (National Institutes are left in too area, and could increase scar tissue)	cility on [DATE] with diagnoses includir lism of left femoral vein, left knee pain, reast cancer.  In Data Set Assessment (MDS) with an admission assessment. The MDS code with toileting, hygiene, and bathing. The liew for Mental Status (BIMS), indicating accontinent of bowel and bladder.  In the state of the state of the surgery baseline care plan for potent resident had actual MASD found by state surgery in the hospital, nor sutures a shunt placed in the resident's inguinal regarding these. There were no interve actually experienced by Resident #1 plan.  Seessments, medication administration in reviewed and revealed the only skin cate on 03/12/2023 to clean with normal saline skin exists in the clinical record during the resident's stay.  IIIH) gives guidance on sutured wounds and be removed in 7 days, and in the low long, it may be difficult to remove them the at the site.	ng, acute kidney failure, effusion left hypertension, hypothyroidism,  Assessment Reference Date d Resident #1 as needing resident was also coded as 10 of g mild cognitive impairment. The ent name) has surgical wounds left initiated.  Itial for skin impairment; however, aff on 03/23/2023, nor does it is in her neck. There was also no crease (groin) area, and no ntions, nor mention of care and in the care plan, which would have record (MAR), and treatment are orders (3 days after admission) ine and leave open to air. No ig the 19-day stay, nor is there any and states as a standard of the record in the care plan in the care and in the care with the care and in the care with the care and leave open to air. No ig the 19-day stay, nor is there any in the care with a potential to reinjure the
		The first skin impairment note in the document, described moisture asso was given and the form was not co resident's 4-day stay before being to	ociated skin damage (MASD) right and mpleted. No treatments were ordered f	left buttocks. No other information for the MASD for the rest of the

			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 09/13/2023
NAME OF PROVIDER OR SUPPLIER  Three Rivers Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2960 Chelsea Road West Point, VA 23181	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0658  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	documented as being provided dail resident's stay.  Staff stated the facility policy on Pe approximately every 2 hours every briefs, and cleansing. Staff further incontinent episode. Resident #1 was evidenced by the MASD actually	ds were reviewed and revealed that hy ly; however, not documented as providurineal Care for Incontinent Residents, shift and as needed (PRN), which inclustated the expectation is to give incontras not afforded timely incontinence cay acquired after 10 days in the facility. It or of Nursing (DON) were made awarded to the surveyor.	was that care would be provided uded removal of wet incontinent inence care immediately after every re as many times as was needed,

Residents Affected - Few  investigation, the facility staff failed to ensure incontinence and wound care was provided timely for 1 resident (Resident #1) of four (4) residents in the survey sample.  For Resident #1, the facility staff did not provide incontinence care timely resulting in moisture associated skin damage (MASD), and further failed to care for inguinal dialysis shunt placement site, and sutures in neck and knee after hospitalization.  The findings included:  Resident #1 was admitted to the facility on [DATE] with diagnoses including, acute kidney failure, effusion knee, diabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyroidism, venous insufficiency, stroke, and breast cancer.  Resident #1's most recent Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 03/15/20/3 was a 5-day admission assessment. The MDS coded Resident #1 as needing extensive to total staff assistance with tolleting, hygiene, and bathing, Resident #1 was also coded as 10 15 possible points on a Brief Interview for Mental Status (BIMS), indicating mild cognitive impairment. The resident was coded as frequently incontinent of bowel and bladder.  Review of Resident #1's progress notes indicated on 03/10/2023, (Resident name) has surgical wounds I knee two small incisions from knee surgery, baseline care plan has been initiated.  The resident's care plan was reviewed and revealed a care plan for 03/23/2033, nor does it mention sutures her knee after knee surgery in the hospital, nor sutures in her neck. There was also no mention of a femo artery dialysis shunt placed in Resident #1's inguinal crases (groin) area, and no assessments in the clini record regarding these. There were no interventions, nor mention of care and treatment of any of the 4 sk issues actually experienced by Resident #1's injurial crases (groin) area, and no assessments in the clini record regarding these. There were no interventions, nor mention of care and treatment of any of the 4 sk issues actu					
Three Rivers Health & Rehab Center  2960 Chelsea Road West Point, VA 23181  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  [X4] ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information]  Provide care and assistance to perform activities of daily living for any resident who is unable.  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Provide care and assistance to perform activities of daily living for any resident who is unable.  Sased on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, the facility staff failed to ensure incontinence and wound care was provided timely for 1 resident (Resident #1) of four (4) residents in the survey sample.  For Resident #1, the facility staff did not provide incontinence care timely resulting in moisture associated skin damage (MASD), and further failed to care for inguinal dialysis shurt placement site, and sutures in the extension of the staff of the provide incontinence care timely resulting in moisture associated skin damage (MASD), and further failed to care for inguinal dialysis shurt placement site, and sutures in the facility on [DATE] with diagnoses including, acute kidney failure, effusion knee, diabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyriodism, venous insufficiency, strice, and breast cancer.  Resident #1's most recent Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 03152023 was a 5-day admission assessment. The MDS coded Resident #1 as neglect the strice of the staff state (SMS) indicating mild cognitive impairment. The resident was coded as frequently incontinent of bowel and bladder.  Review of Resident #1's progress notes indicated on 03/10/2023, (Resident name) has surgical wounds I knee two small incisions from knee surgery,		IDENTIFICATION NUMBER:	A. Building	COMPLETED	
Three Rivers Health & Rehab Center  2960 Chelsea Road West Point, VA 23181  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  [X4] ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  [Each deficiency must be preceded by full regulatory or LSC identifying information)  Provide care and assistance to perform activities of daily living for any resident who is unable.  "*NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199  Based on staff intentiew, facility document review, clinical record review, and in the course of a complaint investigation, the facility staff failed to ensure incontinence and wound care was provided timely for 1 resident (Resident #1) of four (4) residents in the survey sample.  For Resident #1, the facility staff did not provide incontinence care timely resulting in moisture associated skin damage (MASD), and further failed to care for inguinal dialysis shunt placement site, and sutures in 1 neck and knee after hospitalization.  The findings included:  Resident #1 was admitted to the facility on [DATE] with diagnoses including, acute kidney failure, effusion knee, diabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyroidism, venous insufficiency, strice, and breast cancer.  Resident #1's most recent Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 03/15/2023 was a 5-day admission assessment. The MDS coded Resident #1 as no coded as 10 15 in assessment Reference Date (ARD) of 03/15/2023 was a 5-day admission assessment. The MDS coded Resident #1 as no great plan for potential for skin impairment. The resident was coded as frequently incontinent of bowel and bladder.  Review of Resident #1's progress notes indicated on 03/10/2023, (Resident name) has surgical wounds I knee be a facility of the staff in progress and the staff in the code of 03/23/2023, nor does it mention suture her knee after knees surgery in the hospital, nor su	NAME OF DROVIDED OR SURDIJED		CTDEET ADDRESS CITY STATE 710 CODE		
(XA) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  F 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199  Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, the facility staff failed to ensure incontinence and wound care was provided timely for 1 resident (Resident #1) of four (4) residents in the survey sample.  For Resident #1, the facility staff did not provide incontinence acre timely resulting in moisture associated skin damage, (MASD), and further failed to care for inguinal dialysis shunt placement site, and sutures in 1 neck and knee after hospitalization  The findings included:  Resident #1 was admitted to the facility on [DATE] with diagnoses including, acute kidney failure, effusion knee, cliabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyroidism, venous insufficiency, stoke, and breast cancer.  Resident #1's most recent Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 30/15/2023 was a 5-day admission assessment. The MDS coded Resident #1 was also coded as 10 15 possible points on a Brief Interview for Mental Status (BIMS), indicating mild cognitive impairment. The resident was coded as frequently incontinent of bowel and bladder.  Review of Resident #1's progress notes indicated on 03/10/2023, (Resident name) has surgical wounds I knee two small incisions from knee surgery, baseline care plan has been initiated.  The resident's care plan was reviewed and revealed a care plan for potential for skin impairment, howeved does not indicate the resident had actual MASD found by staff on 03/23/2023, or does it mention of a femoratery dialysis shunt) placed in Resident #1's inguinal crease (groin) area, and no assessments in the clinic record regarding these. There			2960 Chelsea Road	PCODE	
F 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199  Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, the facility staff failed to ensure incontinence and wound care was provided timely for 1 resident (Resident #1) of four (4) residents in the survey sample.  For Resident #1, the facility staff failed to ensure incontinence care timely resulting in moisture associated skin damage (MASD), and further failed to care for inguinal dialysis shunt placement site, and sutures in 1 neck and knee after hospitalization.  The findings included:  Resident #1 was admitted to the facility on [DATE] with diagnoses including, acute kidney failure, effusion knee, diabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyroidism, venous insufficiency, stroke, and breast cancer.  Resident #1's most recent Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 03/15/2023 was a 5-day admission assessment. The MDS coded Resident #1 was also coded as 10 15 possible points on a Brief Interview for Mental Status (BIMS), indicating mild cognitive impairment. The resident was coded as frequently incontinent of bowel and bladder.  Review of Resident #1's progress notes indicated on 03/10/2023, (Resident name) has surgical wounds I knee two small incisions from knee surgery, baseline care plan for potential for skin impairment; however does not indicate the resident had actual MASD found by staff on 03/23/2023, nor does it mention sutures her knee after knee surgery in the hospital, nor sutures her here. There was also no mention of a flend artery dalaysis shunt placed in Resident #1's inguinal crease (groin) area no assessments in the clinic record regarding these. There were no interventions, nor mention of care and treatment of any of the 4 sh issues actually experienced by Resident #1's ingu	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
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investigation, the facility staff failed to ensure incontinence and wound care was provided timely for 1 resident (Resident #1) of four (4) residents in the survey sample.  For Resident #1, the facility staff did not provide incontinence care timely resulting in moisture associated skin damage (MASD), and further failed to care for inguinal dialysis shunt placement site, and sutures in neck and knee after hospitalization.  The findings included:  Resident #1 was admitted to the facility on [DATE] with diagnoses including, acute kidney failure, effusion knee, diabetes type 2, acute embolism of left femoral vein, left knee pain, hypertension, hypothyroidism, venous insufficiency, stroke, and breast cancer.  Resident #1's most recent Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 031/15/2023 was a 5-day admission assessment. The MDS coded Resident #1 as needing extensive to total staff assistance with toleting, hygiene, and battning. Resident #1 was also coded as 10 15 possible points on a Brief Interview for Mental Status (BIMS), indicating mild cognitive impairment. The resident was coded as frequently incontinent of bowel and bladder.  Review of Resident #1's progress notes indicated on 03/10/2023, (Resident name) has surgical wounds I knee two small incisions from knee surgery, baseline care plan has been initiated.  The resident's care plan was reviewed and revealed a care plan for potential for skin impairment; howeve does not indicate the resident had actual MASD found by staff on 03/23/2023, nor does it mention sutures her knee after knee surgery in the hospital, nor sutures in her neck. There was also no mention of a femoratery dialysis shunt placed in Resident #1's inguinal crease (groin) area, and no assessments in the clini record regarding these. There were no interventions, nor mention of care and treatment of any of the 4 sk issues actually experienced by Resident #1's injurial crease (groin) area, and no assessment in the clini record for the 2 stuture locations on 03/		**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495303	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Three Rivers Health & Rehab Center		2960 Chelsea Road West Point, VA 23181	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0677  Level of Harm - Minimal harm or potential for actual harm	The first skin impairment note in the clinical record occurred on 03/23/2023, which was a skin evaluation document, described moisture associated skin damage (MASD) right and left buttocks. No other information was given and the form was not completed. No treatments were ordered for the MASD for the rest of Resident #1's 4-day stay before being transferred to another facility on 03/27/2023.		
Residents Affected - Few	Activities of daily living (ADL) records were reviewed and revealed that hygiene and bathing were documented as being provided daily; however, not documented as provided multiple times daily during the resident's stay.  Staff stated the facility policy on Perineal Care for Incontinent Residents, was that care would be provided approximately every 2 hours every shift and as needed (PRN), which included removal of wet incontinent briefs, and cleansing. Staff further stated the expectation is to give incontinence care immediately after every incontinent episode. Resident #1 was not afforded timely incontinence care as many times as was needed, as evidenced by the MASD actually acquired after 10 days in the facility.  The facility Administrator and Director of Nursing (DON) were made aware of the above findings at the end-of-day debrief on 09/13/2023.  No additional information was provided to the surveyor.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495303	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2023	
NAME OF PROVIDER OR SUPPLIER Three Rivers Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2960 Chelsea Road West Point, VA 23181		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0760	Ensure that residents are free from	significant medication errors.		
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199			
Residents Affected - Few	Based on staff interview, Ombudsman interview, family interview, facility documentation review, clinical record review, and in the course of a complaint investigation, the facility staff failed to ensure one resident (Resident #2) was free from significant medication errors in a survey sample of four (4) residents, resulting in harm.			
	For Resident #2, the facility discontinued all of the resident's cardiac, antihypertensive, and blood thinning medications after 30 days resulting in hospitalization for a stroke. The medications were Diltiazem, Metoprolol, and Apixaban anticoagulation (blood thinner) medication for new onset atrial fibrillation.			
	The findings included:			
	Resident #2 was admitted to the facility on [DATE] from the hospital. Diagnoses included, new onset atrial fibrillation, aortic valve stenosis, aortic valve insufficiency, likely acute heart attack, long term use of anticoagulants, hypertension, high cholesterol, mild protein calorie malnutrition, and dementia.			
	Hospital records from 06/26/2023 through 07/03/2023 were reviewed and revealed the following:			
	Resident #2 was discharged from the hospital to the nursing facility with new onset atrial fibrillation with rapid ventricular response on 07/03/2023. The resident was issued the customary 30-day new orders for all medications from a hospitalist doctor after being stabilized in the hospital. This provides for continuity of care for discharge to the nursing facility, and ultimately from the nursing facility to home after rehabilitation. Those orders were for the following:			
	Schedule appointment with Primary Care Doctor (PCP) (name given) as soon as possible for a visit within one week.			
	Schedule appointment with Cardiology Doctor (name given) as soon as possible for visit within one month.			
	Apixaban - anticoagulant			
	Diltiazem - antihypertensive			
	Metoprolol - antihypertensive			
	Atorvastatin - lowers high cholester	rol		
	Vitamin D-3 - supplement			
	Calcium - supplement			
	Vitamin B-12 - supplement			
	(continued on next page)			

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 495303	A. Building B. Wing	09/13/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Three Rivers Health & Rehab Center		2960 Chelsea Road West Point, VA 23181		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0760	Multivitamin - supplement			
Level of Harm - Actual harm	Iron - supplement			
Residents Affected - Few	Prilosec - gastric reflux			
	Miralax - constipation			
	administered one time on 07/04/20 unknown reason as no document n Apixaban (anticoagulant), Diltiazen after 30 days of use with Diltiazem	Resident #2's clinical record revealed that the Atorvastatin for high cholesterol was only red one time on 07/04/2023, the day after admission, and discontinued on that same day for an reason as no document reveals the reason for the discontinuance. The 3 cardiac medications, (anticoagulant), Diltiazem (antihypertensive), and Metoprolol (antihypertensive) were discontinued ays of use with Diltiazem discontinued on 08/02/2023 after the 8:00 a.m. dose, and the other 2 ns, Apixaban and Metoprolol, after the 8:00 a.m. dose on 08/03/2023.		
	The following 3 cardiac medications were not restarted while Resident #2 was in the nursing facility, prior to rehospitalization, at approximately 11:30 a.m., on 08/14/2023 (11 days later) with a stroke.			
	Diltiazem (antihypertensive) - red 8:00 a.m.	hypertensive) - reduces workload on the vessels and heart, 240 mg, one time per day at hippertensive) - reduces workload on the vessels and heart, 25 mg, one half tablet two 18:00 a.m., and 9:00 p.m.  Hoagulant) - blood thinner, prevents blood clots from forming and causing heart attack and tablet twice per day at 8:00 a.m., and 9:00 p.m.  Intion that all other 30-day orders were continued in the nursing facility.  It was found that the follow-up appointments ordered for PCP, and Cardiology doctors uled, nor were those doctors contacted about continuing the cardiac medications. The of contacted and alerted that the cardiac medications were discontinued.		
	2. Metoprolol (antihypertensive) - retimes per day and 8:00 a.m., and 9			
	It is notable to mention that all other			
	were never scheduled, nor were the			
	Guidance for the administration of Apixaban/Eliquis is given by The National Institutes of Health (NIH), and as follows:  National Institutes of Health & Medline.gov  Apixaban reduces the risk of strokes and blood clots. Stopping Apixaban will increase the risk of thrombot events, like stroke, heart attack, and pulmonary embolus.  Resident #2's care plan was reviewed and revealed no focus, nor interventions for the primary diagnosis of atrial fibrillation, anticoagulant therapy, heart attack, and cardiac medication treatment.			
	0.0	viewed, and revealed no notes documenting that the medication had been r, or family was ever made aware of the discontinuance.		
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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 09/13/2023
NAME OF DROVIDED OD CURRUIT	<u> </u>	CTREET ADDRESS CITY STATE 7	D CODE
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI 2960 Chelsea Road	PCODE
Three Rivers Health & Rehab Center		West Point, VA 23181	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0760  Level of Harm - Actual harm  Residents Affected - Few	Physician's progress notes were reviewed and revealed on 08/04/2023, the day after the cardiac drugs were discontinued, No aspirin will be on Eliquis for A-fib. full code. After that note, none of the following physician progress notes until the time of discharge for stroke like symptoms indicated the physician was never made aware of the discontinuance of the cardiac medications by staff for Resident #2.  Vital sign records and progress notes were reviewed and revealed on the day of discharge, 08/14/2023, back to the hospital for stroke like symptoms, Resident #2's pulse was between 80 and 130 beats per minute, and blood pressure was 130/78.  On 08/14/2023, the morning of discharge back to the hospital, between 9:30 a.m. and 11:37 a.m., nursing notes indicated that the Resident #2 was experiencing irregular pulse, altered level of consciousness, weakness/hemiparesis, leaning in wheel chair, slurred speech, and 911. Emergency services was called to transfer Resident #2 to the hospital. At 6:36 p.m., the progress notes documented the facility staff called the hospital emergency room to get a report of the condition of the resident and were told that Resident #2 was admitted for a stroke.  Discharge records from the hospital after treatment on 08/16/2023 indicated diagnosis of stroke. Ultimately, Resident #2 was discharged home with family and hospice services.  On 09/13/2023 at 11:00 a.m., the Director of Nursing (DON) was interviewed in the conference room and stated she had been unaware that medications had not been given, nor that the doctor and family were not notified of medications being discontinued by staff. The DON was notified at that time of harm to Resident #2. The DON was a new staff member and had recently been hired. The Administrator was at a conference during the survey and was not able to be reached until the time of exit of the survey. At that time, she was made aware of the findings and stated she had nothing further to provide.  On 09/13/2023 at approximately 2:00 p.m., during the end-of-day		