STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495085	A. Building B. Wing	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River View on the Appomattox Health & Rehab Center	201 Epps Street Hopewell, VA 23860

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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and facility policy review, the facility failed to conduct timely assessment and identification of pressure wounds for four of four residents (Resident (R) 75, R39, R16, R15) reviewed for pressure sores until the wounds had progressed to advanced stages (stage III - full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia; stage IV - a deep wound reaching the muscles, ligaments, or bones which often causes extreme pain, infection, invasive surgeries, or even death). Immediate Jeopardy was called on 03/01/23 at 5:08 PM. The Immediate Jeopardy began on 11/11/22, when R15 was noted with an open area on the sacrum that was assessed on 11/28/22 with 100% necrotic tissue that required surgical debridement. The Immediate Jeopardy was removed on 03/09/23 at 12:02 PM. Deficiencies remain at a level 2 isolated including for Resident #16, the facility staff failed to provide care and position changes for an extended period (9 hours) which resulted in the development of a Deep Tissue Injury. Findings include: 1. R75 developed multiple avoidable pressure ulcers. Review of R75's undated Profile, located in the Profile tab of the electronic medical record (EMR), revealed she was admitted to the facility on [DATE] with diagnoses including encephalopathy, protein-calorie malnutrition, respiratory failure, anxiety, and muscle weakness and atrophy. Review of R75's significant change in status Minimum Data Set (MDS) assessment, with an assessment reference date (ARD) of 02/17/23, revealed she scored 6 of 15 on the Brief Interview for Mental Status (BIMS), indicating severely impaired cognition. She did not exhibit any behavioral symptoms, including rejection of care. R75 required extensive assistance by two staff with bed mobility and was totally dependent on staff for personal hygiene, and bathing. R75 was at risk of developing pressure ulcers and had one stage II, one stage III, one stage IV, and one deep tissue injury. R75 was receiving hospice services. Review of R75's 01/02/23 Care Plan, found in the Care Plan tab of the EMR, revealed R75 was at risk for skin breakdown and currently had open areas to her right buttocks, sacrum, and right lateral heel and deep tissue injuries on her right ankle. The interventions included: Air mattress to bed . Assess skin thoroughly and implement precautions and/or treatment as indicated . Consult wound MD [physician] as needed . Encourage frequent position changes for pressure relief . Encourage patient to allow heels to be floated while in bed . Observe for moisture and incontinence issues that affect skin. Report for further assessment if noted . Off-laoding [sic] boots while in bed . Provide pressure reduction surfaces as ordered/indicated . [and] Provide treatments as ordered. Report unusual change or decline in skin integrity. (continued on next page)