

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2016</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE NEWPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11141 WARWICK BLVD NEWPORT NEWS, VA 23601</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) COMPLETE DATE
F 000	<p><b>Initial Comments</b></p> <p>An unannounced biennial State Licensure Inspection and Medicare/Medicaid standard survey was conducted 9/7/16 through 9/9/16. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey.</p> <p>The census in this 60 certified bed facility was 41 at the time of the survey. The survey sample consisted of 10 current Resident reviews (Residents #1 through 10) and 4 closed record reviews (Residents #11 through 14).</p>	F 000		
F 001	<p><b>Non Compliance</b></p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5-371 - 150 (B1). Resident Rights Cross reference to F Tag 164. 12 VAC 5-371- 150 (B.3). Resident Rights Cross reference to F Tag 166.</p> <p>12 VAC 5-371 - 220 Nursing Services B. Cross reference to F Tag 309</p> <p>12 VAC 5-371-250 (C ) Resident Assessment and Care Planning Cross reference to F Tag 280</p> <p>12 VAC 5- 371 - 300 B. Cross reference to Pharmaceutical Services F Tag 431</p> <p>12VAC5-371-250 Resident Assessment and Care Plan: (F) Cross-Reference to F-280</p>	F 001	<p>This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and that the facility is in compliance with participation requirements.</p> <p>12 VAC 5-371-150 (F tag 164)</p> <p>1. Resident #8 was interviewed and was without negative outcomes related to staff failure to provide privacy during the injection. The responsible nurse was re-educated on the importance of providing privacy</p>	10/14/16

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

TITLE

(X6) DATE

Electronically Signed

09/30/16

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2016</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE NEWPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11141 WARWICK BLVD NEWPORT NEWS, VA 23601</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) COMPLETE DATE
F 001	Continued From page 1	F 001	<p>when administering injections.</p> <p>2. The responsible nurse was observed during five medication passes to ensure privacy was provided when appropriate. RNs and LPNs were observed during medication administration to ensure privacy was provided when appropriate.</p> <p>3. RNs and LPNs were re-educated by the Nursing Education and Training Coordinator/Designee on "Providing Privacy." The in-service included but was not limited to a review of the medication administration policy and occasions when privacy should be provided during medication administration.</p> <p>4. The Director of Nursing/ Designee will conduct five random medication pass observation audits weekly for six weeks to ensure privacy is being provided during medication administration. The Director of Nursing will report any trends or patterns to the Continuous Quality Improvement Committee at least quarterly.</p> <p>12 VAC 5-371-150 (F tag 166)</p> <p>1. The administrator and the social worker interviewed resident #4 upon notification of the grievance. An investigation was immediately initiated per protocol. Facility procedures were followed to address the grievance. The resident was provided the outcome of the investigation.</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2016</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE NEWPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11141 WARWICK BLVD NEWPORT NEWS, VA 23601</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) COMPLETE DATE
F 001	Continued From page 2	F 001	<p>2. The social worker/designee conducted interviews with residents and staff to ensure any resident grievances had been addressed immediately by the facility.</p> <p>3. Resident rights and the grievance procedure will be discussed at the next resident forum meeting and will be included as an agenda item at least quarterly in the forum discussion. An in-service will be conducted with facility staff on the facility grievance procedure including reporting all grievances immediately to the Administrator/designee.</p> <p>4. The Administrator/designee will interview at least 10% of the facility residents weekly for a period of six weeks to ensure any grievances have been reported in a timely manner and addressed according to facility protocol. The administrator/designee will report any trends to the CQI committee at least quarterly.</p> <p>12 VAC-5-371-220 (F tag 309)</p> <p>1. Residents #3 and #8 were assessed and noted to be without negative outcomes related to receiving PRN pain medication prior to offering non-pharmacological interventions. The PRN pain medication order for resident #8 was updated with a monitoring guide to ensure documentation of non-pharmacological interventions are</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2016</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE NEWPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11141 WARWICK BLVD NEWPORT NEWS, VA 23601</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) COMPLETE DATE
F 001	Continued From page 3	F 001	<p>offered prior to administering PRN pain medication. The responsible nurse was re-educated on the importance of offering non-pharmacological interventions prior to PRN pain medication administration.</p> <p>2. The Director of Nursing/Designee reviewed the records of residents receiving PRN pain medication for the past 30 days to ensure non-pharmacological interventions were offered and documented prior to administration of PRN pain medications. The medication nurse will be responsible for offering non-pharmacological interventions prior to administering PRN pain medications and documenting attempts.</p> <p>3. RNs and LPNs were re-educated on "Non-Pharmacological Interventions Prior to Pain Medications" by the Nursing Education and Training Coordinator/Designee. The in-service included a review of different types of non-pharmacological interventions that may be attempted prior to administering PRN pain medication and importance of documenting non-pharmacological interventions offered prior to PRN pain medication administration.</p> <p>4. The Director of Nursing/Designee will audit 20% of residents receiving PRN pain medication on a weekly basis for six weeks to ensure documentation supports attempts of non-pharmacological interventions prior to administration of PRN pain medication when appropriate. The Director of Nursing/Designee will</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2016</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE NEWPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11141 WARWICK BLVD NEWPORT NEWS, VA 23601</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) COMPLETE DATE
F 001	Continued From page 4	F 001	<p>identify any patterns or trends and report result to the Continuous Quality Improvement Committee at least quarterly.</p> <p>12 VAC-5-371-250 (F tag 280)</p> <ol style="list-style-type: none"> <li>The care plan for Resident #3 was updated to include attempting non-pharmacological interventions prior to administering PRN pain medications as well as residents preference to decline non-pharmacological interventions prior to receiving prn pain medication at times. An alarm assessment was completed on Resident #3 and the care plan was updated to reflect current status.</li> <li>The care plans for residents receiving PRN pain medications were reviewed to ensure non-pharmacological interventions prior to pain medication administration has been addressed. Care plans were also reviewed to ensure resident preferences have been addressed as well. The care plans for residents with fall interventions were reviewed to ensure all fall interventions were updated to reflect current status.</li> <li>RNs and LPNs were re-educated by the Nursing Education and Training Coordinator/ Designee on "Care Planning: Fall Interventions and Offering Non-Pharmacological Interventions." The in-service included the importance of ensuring fall interventions are updated to</li> </ol>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2016</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE NEWPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11141 WARWICK BLVD NEWPORT NEWS, VA 23601</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) COMPLETE DATE
F 001	Continued From page 5	F 001	<p>reflect current resident status. Also discussed was the importance of updating the care plan to reflect the types of non-pharmacological measures to be offered prior to administration of PRN pain medication as well as any resident preferences regarding non-pharmacological interventions.</p> <p>4. The Director of Nursing/ Designee will audit 20% of care plans weekly for six weeks to ensure care plans are updated for fall interventions and non-pharmacological measures to be attempted prior to the administration of PRN pain medications. The Director of Nursing/ Designee will report any trends or patterns to the Continuous Quality Improvement committee at least quarterly.</p> <p>12 VAC 5-371-300 (F tag 431)</p> <p>1. The keys to the medication refrigerator and the controlled drug lock box were removed from the charge nurse keys and placed on the medication nurse key ring. Staff were re-educated on ensuring that keys allowing access to medications are in the possession of only personnel authorized to administer medications at all times.</p> <p>2. The Director of Nursing/Designee has observed staff on the unit to ensure the keys enabling access to medications were in the possession of personnel authorized to administer medications at any given time.</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2016</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE NEWPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11141 WARWICK BLVD NEWPORT NEWS, VA 23601</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) COMPLETE DATE
F 001	Continued From page 6	F 001	<p>3. RNs and LPNs were re-educated by the Nursing Education and Training Coordinator/Designee on "Medication Keys." The in-service included a review of State and Federal laws permitting only authorized personnel access to the keys which provide access to medications. It included a review of personnel categories who are allowed access to the keys.</p> <p>4. The Director of Nursing/ Designee will conduct five random checks weekly for six weeks to ensure compliance with State and Federal laws permitting only authorized personnel access to the medication keys. The Director of Nursing/ Designee will report any trends or patterns to the Continuous Quality Improvement committee at least quarterly.</p>	