STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495340	A. BUILDING _____ B. WING _____	C 11/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWPORT NEWS NURSING & REHAB	12997 NETTLES DRIVE NEWPORT NEWS, VA 23602

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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 11/06/18 through 11/07/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One (1) complaint was investigated during the survey. The census in this 102 certified bed facility was 91 at the time of the survey. The survey sample consisted of one (2) current Resident review (Resident #2 and 3) and one (1) closed record review (Resident #1).	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	F 584		11/19/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/15/2018

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F 584	Continued From page 1 §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and facility documentation, the facility staff failed to maintain a safe, clean, comfortable and sanitary environment and failed to ensure 1 of 2 residents (Resident #2) mobility wheelchair was in good repair. For Resident #2, the wheelchair was observed with worn, torn and cracked armrest pads. The findings included: Resident #2 was re-admitted to the facility on 01/15/18. Diagnosis for Resident #2 included but not limited to *Cerebrovascular Disease (CVA). The current Minimum Data Set (MDS), quarterly assessment with an Assessment Reference Date (ARD) of 08/08/18 coded Resident #2's Brief Interview for Mental Status (BIMS) with short and	F 584	Preparation and submission of this plan of correction does not constitute an admission , or agreement by the provider of the truth or the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and solely because of the requirement under State and Federal law. F-584 Safe/ Clean/Comfortable /Homelike Environment 1. Resident#2 wheelchair arms were replaced on 11-7-2018. 2. A quality monitoring tool was completed	

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F 584	Continued From page 2 long-term memory problems having cognitive impairment-never/rarely made decisions. In addition, the MDS coded Resident #2 requiring total dependence of two with transfers and extensive assistance of one for locomotion on and off the unit. The MDS was coded under section G 0600 for wheel chair for mobility devices. On initial tour of the facility on 11/06/18 at approximately 11:20 a.m., Resident #2 was sitting up in her wheelchair. Her wheelchair's right armrest pad was observed to be torn and ripped. The left armrest pad was wrapped with tape. On 11/06/18 at approximately 1:30 p.m., resident remained up in her wheelchair. The armrest pads to Resident #2's wheelchair remains unchanged. On 11/06/18 at approximately 1:35 p.m., the Director of Nursing (DON) was made aware of the condition of Resident #2's wheelchair armrest. On the same day at approximately 1:40 p.m., the DON assessed Resident #2's wheel chair armrest. The DON stated, "Her armrest could look a lot better; the arms are torn, ripped and tapped." The DON proceeded to say, "This is a dignity issue." On 11/07/18 at approximately 1:00 p.m., Resident #2's bilateral armrest to her wheelchair was replaced with ones. The facility administration was informed of the finding during a briefing on 11/07/18 at approximately 2:30 p.m. The facility did not present any further information about the findings.	F 584	on 11-7-2018 to identify any other residents at risk for wheelchair in need of repair or being replaced and follow up based on findings . 3. Maintenance director or designee re-educated staff on the policy titled wheelchairs repairs on 11-7-2018 . 4. ED or designee to monitor quality monitoring tool weekly times 1 week and then 3 times a week for 4 weeks and then 1 times a week for 1 month and then quarterly thereafter . Results of quality monitoring to be discussed at QAPI meeting for review, analysis and further recommendations	

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F 584	Continued From page 3 The facility's policy titled Wheelchair Repairs-Non Electric Wheelchairs (Effective: 11/30/14). -Policy: Each resident requiring the use of a wheelchair will be provided the appropriate chair to maintain their highest level of functioning. All chairs will be maintained in safe operating condition. -Procedure: When identified that the wheelchair is in need of repair, the staff will notify Rehab to obtain a replacement wheelchair while the chair is being repaired. Definitions: * CVA is a medical emergency. Strokes happen when blood flow to your brain stops. Within minutes, brain cells begin to die (https://medlineplus.gov/stroke.html).	F 584		
F 677 SS=D	Complaint deficiency ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review the facility staff failed to provide personal care to include showers for one resident in the survey sample (Resident #1) who was unable to independently carry out activities of daily living (ADL's).	F 677	F-677 ADL care provided for dependent Residents 1. Resident #1 was discharge don 7-8-2018 . 2. A quality monitoring tool was completed on 11-7-2018 to identify any other	11/19/18

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F 677	Continued From page 4 The facility staff failed to ensure Resident #1 was offered and received a scheduled twice-weekly shower to maintain good personal hygiene. The findings included: Resident #1 was admitted to the facility on 07/03/18. Diagnosis for Resident #1 included but not limited to Muscle weakness and Parkinson's. The admission assessment dated 07/03/18 revealed Resident #1 was alert and oriented x 3 with no memory impairment. Resident #1 was also coded for being independent in his cognitive skills for decision-making. Review of Resident #1's medical record revealed a care plan was never created. On 11/06/18 at approximately 12:40 p.m., the surveyor requested Resident #1's care plan. On 11/07/18 at approximately 1:40 p.m., the Administrator stated, "I was unable to locate a care plan for Resident #1." Review of Resident #1's discharge summary from the local hospital on 07/03/18 included but not limited to: okay to shower or bathe. An interview was conducted with the Director of Nursing (DON) on 11/07/18 at approximately 12:25 p.m. The DON stated, "We were unable to validate that Resident #1 received his showers during his stay at the facility." The surveyor asked, "What is your expectation for staff giving residents their showers" she replied, "It is their preference when to receive showers but they are to receive showers twice a week and more often if requested."	F 677	residents at risk for not receiving a shower and follow up will be based on findings . 3.DON or designee re-educated staff on policy and procedure titled bathing and showering 11-8-2018 . 4. DON or designee to complete a quality monitoring tool on showers daily times 1 week and then 3 times a week for 4 weeks and then 1 time a week for 1 month and then quarterly thereafter . The results of the quality monitoring to be discussed at QAPI meeting for review , analysis and further recommendations .	

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F 677	Continued From page 5 Review of the shower schedule evidenced Resident #1 was scheduled for showers twice weekly on Tuesdays and Fridays on the 3 PM-11 PM shift. A phone call was placed to Certified Nursing Assistant (CNA) #2 on 11/07/18 at approximately 12:38 p.m., who was assigned to give Resident #1 his scheduled showers. The CNA is no longer employed at the facility. The CNA's phone gave a voice mail that said, "Calling restrictions that have prevented completing of your call." The facility administration was informed of the finding during a briefing on 11/07/18 at approximately 2:30 p.m. The facility did not present any further information about the findings. The facility's policy titled Bathing/Showering (Revision: 09/01/17). -Policy: Assistance with showering and bathing will be provided at least twice a week and as needed to cleanse and refresh the resident. The resident shall be asked on admission to establish a frequency schedule for bathing. This schedule will take precedence over the twice a week and as needed cleansing. The resident frequency and preferences for bathing will be reviewed at least quarterly care conference.	F 677		
F 761 SS=D	Complaint deficiency Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be	F 761		11/19/18

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F 761	Continued From page 6 labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on general observations of the nursing facility, the facility failed to ensure medications were labeled in accordance with currently accepted professional principles in 1 out of 3 units. The facility staff failed to ensure medications that was taken out of it's original package was identified in the medication cart. The nurse had crushed the medications (meds); put the crushed meds in a plastic medication cup then back inside the cart without labeling the cup. The findings include:	F 761	F-761 Label/Store Drugs and Biologicals 1. LPN #1 was re- educated on policy titled medication and medication supply storage and disposal on 11-6-2018. 2. A quality monitoring tool was completed on 11-6-2018 on all 3 units on all 5 medication carts to identify any other nurses not labeling medications and follow up will be based on findings. 3. DON or designee re-educated nurses on policy titled medication and medication supply storage and disposal on 11-6-2018. 4. DON or designee to complete quality	

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F 761	Continued From page 7 On 11/06/18 at 10:50 a.m., an inspection of the medication cart was made on the Rosewood Unit. The surveyor asked to inspect the cart; License Practical Nurse (LPN) #1 opened the medication cart and found inside was a white plastic medication cup with crushed medications. The surveyor asked, "Should the cup of medication stored inside the medication cart be labeled to identity who the medication was for," she replied, "Yes, I should have labeled the cup of medication but I have a lot going on and I am rushed right now." On 11/06/17 at 2:55 p.m., the Director of Nursing (DON) was asked, "What is the facility's process was for labeling medications after being poured then placed back inside the medication cart." The DON responded by saying, "It is not our process to store medications in the medication cart unlabeled. The nurse should have labeled the cup of medication that were crushed and stored inside the medication cart to identify who the medications were for; this is not our standard of practice." The facility administration was informed of the finding during a briefing on 11/07/18 at approximately 2:30 p.m. The facility did not present any further information about the findings. The facility's policy titled Medication and Medication Supply Storage and Disposal (Revision: 11/30/14). Compliant deficiency	F 761	monitoring tool to ensure no medications are stored in med cart unlabeled . Quality monitoring tool was completed daily times 1 week , then 3 times a week for 4 weeks and then 1 time a week for 1 month and quarterly thereafter . The results of the quality monitoring tool will be discussed at QAPI meeting for review analysis and further recommendations.	