

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 495227	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 10/25/2018
----------------------------------------------------------------------------------------------------------------------	---------------------------------	--------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER WESTPORT REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA
---------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 641	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to complete an accurate MDS (minimum data set), assessment for one of 46 residents in the survey sample, Resident #2.</p> <p>The facility staff failed to accurately code section J1900 (Falls) of Resident #2's quarterly MDS with an ARD (assessment reference date) of 7/25/18.</p> <p>The findings include:</p> <p>Resident #2 was admitted to the facility on 2/25/16. Resident #2's diagnoses included but were not limited to muscle weakness, heart failure and history of falling. Resident #2's most recent MDS, a quarterly assessment with an ARD of 7/25/18, coded the resident's cognition as severely impaired. Section J1900 "Number of Falls Since Admission/Entry or Reentry or Prior Assessment" coded Resident #2 as sustaining two or more falls with no injury (since the prior assessment). However, review of Resident #2's nurses' notes and fall investigations since the prior assessment (a quarterly assessment with an ARD of 4/26/18) revealed Resident #2 only sustained one fall with no injury on 6/24/18.</p> <p>On 10/24/18 at 2:31 p.m., an interview was conducted with RN (registered nurse) #1 (the MDS coordinator). RN #1 confirmed Resident #2 had only sustained one fall during the time period of the 4/26/18 MDS assessment and the 7/25/18 MDS assessment. RN #1 confirmed the 7/25/18 MDS was inaccurately coded and stated a modification to the MDS would be made.</p> <p>On 10/24/18 at 5:46 p.m., ASM (administrative staff member) #2 (the administrator), ASM#3 (the assistant administrator), ASM#4 (another assistant administrator), ASM#5 (them director of nursing) and ASM #6 (the medical director) were made aware of the above concern.</p> <p>The CMS (Centers for Medicare and Medicaid Services) RAI (Resident Assessment Instrument) manual used to code MDS assessments documented, "Coding Instructions for J1900, No Injury... -Code 1, one: if the resident had one non-injurious fall since admission/entry or reentry or prior assessment..."</p> <p>No further information was presented prior to exit.</p>
--------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

The above isolated deficiencies pose no actual harm to the residents