

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0284</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/28/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEASIDE HHC @ ATLANTIC SHORE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 ATLANTIC SHORES DRIVE VIRGINIA BEACH, VA 23454</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	Initial Comments  An unannounced biennial State Licensure inspection was conducted 1/24/19 through 1/28/19. One complaint was investigated during the survey. The facility was not in compliance with the following regulations for the Licensure of Nursing Facilities.  The census in this 50 certified bed facility was 41 at the time of the survey. The survey sample consisted of 22 resident reviews; 18 current residents and 4 closed record reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: 12 VAC5-371-140 D. 2. Policies and Procedures; Admission, Transfer and Discharge: Cross reference to F622 and F625  12 VAC5-371-220 Nursing Services-A and C: Cross Reference to F690  12 VAC5-371-300 Pharmaceutical Services-B: Cross Reference to F755  12 VAC5-371-340 Dietary and food service program-A: Cross Reference to F812  12 VAC5-371-370 Maintenance and housekeeping-A: Cross Reference to F584	F 001	12 VAC5-371-370 Maintenance and housekeeping-A F584 1. Resident #88 no longer resides in the facility. Immediately after the complaint was given to the facility by the resident's caregiver in July 2018 an investigation occurred as to how it happened, the policy was reviewed and revised. 2. Upon discharge, if residents have belongings that are remaining in the facility, housekeeping will pack them up and place in the office. Housekeeping will ensure no items are thrown in the garbage. The Housekeeping Supervisor or designee shall conduct audits of items that were in a room and compare to items located in the packed bag. 3. The facility policy was revised on 7/13/2018 to add description of all items that should not be disposed of when the	2/22/19

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

TITLE

(X6) DATE

Electronically Signed

02/15/19



State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0284</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/28/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEASIDE HHC @ ATLANTIC SHORE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 ATLANTIC SHORES DRIVE VIRGINIA BEACH, VA 23454</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>resident is discharged from the facility. Facility staff were trained and educated on the policy updates.</p> <p>4. Housekeeping Supervisor or designee shall conduct audits of items that were in a room and compare to items located in the packed bag. This shall be reported in the QAPI committee.</p> <p>5. Corrective action has been completed as of 2/15/2019</p> <p>12 VAC5-371-140 D. 2. Policies and Procedures; Admission, Transfer and Discharge: F622</p> <p>1. Resident #22, 19 and 88 are no longer in the hospital. 1 resident has returned and is currently admitted into our care</p> <p>2. Facility reviewed for any residents any residents sent out to the hospital after the survey had the care plan included with the transfer packet that went to the hospital with them. All transfer packets were given to the EMS care team.</p> <p>3. Facility reviewed and updated the current policy to include, all transfers to another facility will include the baseline or comprehensive care plan along with the patient care summary. A Checklist of all items required to be sent with the resident upon transfer will be included with the transfer packet. The updated policy will be reviewed with all staff to ensure they are understanding of the importance of items</p> <p>4. Chart audits will be conducted with each transfer to the hospital that will include documentation of notices/information sent with the resident upon transfer. Audits will be reviewed by the QAPI committee</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0284</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/28/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEASIDE HHC @ ATLANTIC SHORE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 ATLANTIC SHORES DRIVE VIRGINIA BEACH, VA 23454</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>5. All actions noted above will be completed by 2/22/2019</p> <p>12 VAC5-371-140 D. 2. Policies and Procedures; Admission, Transfer and Discharge F625</p> <p>1. Resident #22, 19 and 88 are no longer in the hospital. 1 resident has returned and is currently admitted into our care.</p> <p>2. Facility conducted a review on all residents that were sent out to the hospital after the survey to ensure the bed hold policy had been given to the resident and, if applicable, the resident representative at time of transfer to the hospital. All residents and/or personal representatives were found to have received a copy at time of transfer.</p> <p>3. Facility reviewed and updated the current policy to include, when a resident is transferred out to the hospital, the facility staff will give them a copy of the bed hold policy at the time of transfer. The resident representative, if applicable, will be informed and a copy of the bed hold policy will be emailed to them if we are unable to provide a copy in person. Documentation of this will be placed in the resident record.</p> <p>4. Chart audits will be conducted with each transfer to the hospital that will include documentation of notices/information sent with the resident upon transfer. Audits will be reviewed by the QAPI committee</p> <p>5. All actions noted above will be completed by 2/22/2019</p> <p>12 VAC5-371-220 Nursing Services-A and</p>	



State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0284</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/28/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEASIDE HHC @ ATLANTIC SHORE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 ATLANTIC SHORES DRIVE VIRGINIA BEACH, VA 23454</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>C: F690</p> <ol style="list-style-type: none"> <li>1. Resident #88 no longer resides in the facility.</li> <li>2. An audit of all residents currently in the facility with a urinary catheter was conducted by the Director of Nursing to ensure documentation / TAR assists were included in the resident's record and that documentation of care was being completed.</li> <li>3. All staff, to include CNA's and nurses, will be educated on proper catheter care and must demonstrate competency on rendering care as well as documenting it.</li> <li>4. All charts will be audited, no less than monthly to ensure proper documentation is occurring. All staff will demonstrate competency of catheter care no less than annually. Random audits on direct patient care will be conducted by the Unit Manager or Director of Nursing. Audits will be reviewed by the QAPI committee</li> <li>5. All actions noted above will be completed by 2/22/19</li> </ol> <p>12 VAC5-371-300 Pharmaceutical Services-B: F755</p> <ol style="list-style-type: none"> <li>1. At the time of inspection all medications were destroyed and documented on med destruction form as per facility policy</li> <li>2. Director of Nursing and /or Unit Manger will conduct an audit of the medication carts to ensure there are no medications from residents in the cart that are not in proper packaging or that there is no order/prescription for. The audit will also look to ensure there are no expired medications or any that belong to</li> </ol>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0284</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/28/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEASIDE HHC @ ATLANTIC SHORE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 ATLANTIC SHORES DRIVE VIRGINIA BEACH, VA 23454</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>residents that have discharged from the facility left in the cart</p> <p>3. The facility policy on Medication Destruction was reviewed and updated. To comply with 18VAC110-20-530.</p> <p>a. Drug destruction at the facility shall be witnessed by the director of nursing or, if there is no director, then by the facility administrator and by a pharmacist providing pharmacy services to the facility or by another employee authorized to administer medication.</p> <p>b. The facility shall destroy discontinued or unused drugs or return them to the pharmacy within 30 days of the date the drug was discontinued.</p> <p>All staff will be trained on the policy of receiving medications from an outside pharmacy/family and the policy on medication destruction.</p> <p>4. The lock box will be opened on the first of every month to ensure there are no medications remaining in there. Routine audits will be conducted on the medication carts to ensure compliance with the policy. Results will be reported to the QAPI committee.</p> <p>5. All actions noted above will be completed by 2/22/19</p> <p>12 VAC5-371-340 Dietary and food service program-A: F812</p> <p>1. The Food and Beverage Director, Executive Chef, and F&amp;B Manager of Healthcare conducted an inspection and corrected all deficiencies while the survey was in progress</p> <p>2. An audit of all storage areas was completed and the FDA guideline dating</p>	



State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0284</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/28/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEASIDE HHC @ ATLANTIC SHORE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 ATLANTIC SHORES DRIVE VIRGINIA BEACH, VA 23454</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>form that is used throughout the facility was reviewed.</p> <p>3. The current facility "Food Labeling" policy was reviewed and updated. The updates include:</p> <p>a. Food items, such as desserts, shall be labeled before meal service. (the wording of after "day of services" was removed.</p> <p>b. Items that are taken out of the original packing without dating on the individual package will be marked by receive date. Appropriate staff were educated on the updated "Food Labeling" policy and apprised of the audits that will be conducted by management.</p> <p>4. An audit of storage locations will be performed daily and as needed. This will be performed by the supervisor or designee. Routine inspections shall be conducted by the Registered Dietician to ensure compliance. Compliance reporting results shall be presented to the QAPI committee.</p> <p>5. All actions noted above will be completed by 2/22/19</p>	