State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0415	A. BUILDING: _____ B. WING _____	C 03/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCESS ANNE HEALTH & REHABILITATION	1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456

(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 03/12/19 through 03/15/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Eight complaints were investigated during the survey. The census in this 120 certified bed facility was 118 at the time of the survey. The survey sample consisted of 46 current Resident reviews and 11 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: The Nursing facility was not in compliance with the following Virginia Rules and Regulations for Nursing Facilities 12VAC5-371-140. Dietary Services cross references to F-803 12 VAC 5-371-200 (D). Foot Care. Cross Reference to F-687. 12 VAC 5-371-220 D, F, B, A, C . Nursing Services. Please Cross-Reference to F-580, F-690, F-698, F-757. 12 VAC 5-371-250 G, C, F. Resident Assessment and Care Planning. Cross-Reference to F-655, F-656, F-657. 12 VAC 5-371-300 J1.L. Pharmaceutical Services. Please Cross-Reference to F-755,	F 001	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. 12VAC5-371-140. Dietary Services cross references to F-803 12 VAC 5-371-200 (D). Foot Care. Cross Reference to F-687.	4/29/19

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

Electronically Signed — 04/04/19

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F 001	Continued From page 1 F-760, F-761. 12VAC-371-360 J,K. Clinical Records cross references to F-842. 12VAC5-371-220. Nursing Services. 12VAC5-371-220 F. Based on resident interview, staff interview, and record review, the facility staff failed to offer and/or provide showers to Resident #75. The findings included: Resident #75 was originally admitted to the facility 2/4/19 had never been discharged from the facility. The current diagnoses included; generalized muscle weakness, diabetes and neuropathic pain. The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 2/11/19, coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15 which indicated no cognitive impairment. In section "G" (Physical functioning) the resident was coded as requiring supervision of one person with personal hygiene, locomotion off the unit, and eating, limited assistance of one person with locomotion on the unit, limited assistance of 2 people with dressing, extensive assistance of one person with bathing, extensive assistance of two people with bed mobility, transfers, and toileting. In section "O100G2" the resident was coded as utilizing a non-invasive mechanical ventilator (Bipap). The care plan dated 2/4/19, had a problem which read; resident has an activities of daily living(ADL), self-care performance deficit related to activity intolerance and extensive mobility assist. The goal read; the resident will improve	F 001	12 VAC 5-371-220 D, F, B, A, C . Nursing Services. Please Cross-Reference to F-580, F-690, F-698, F-757. 12 VAC 5-371-250 G, C, F. Resident Assessment and Care Planning. Cross-Reference to F-655, F-656, F-657. 12 VAC 5-371-300 J1.L. Pharmaceutical Services. Please Cross-Reference to F-755, F-760, F-761. 12VAC-371-360 J,K. Clinical Records cross references to F-842. 12VAC5-371-220. Nursing Services. 12VAC5-371-220 F. F001 1. Resident #75 discharged from the facility on 3/15/2019. 2. Facility residents are offered showers twice weekly. 3. Charge Nurses and CNAs will be educated on: " Offering shower twice weekly " Documentation of showers " Documentation of refusal of showers 4. A Registered Nurse will complete a random weekly review of documentation and provision of showers. 5. Issues noted during the review will be referred to the Quality Assurance Committee for review and recommendation.	

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F 001	Continued From page 2	F 001		

current level of function in ADL's through the review date 5/5/19. The interventions included: bathing/showering: provide sponge bath when a full bath or shower cannot be tolerated. Bathing/showering: the resident is able to with or without assistance as needed.

The Unit Manager viewed the shower schedule and stated Resident #75 should receive her shower on the 3:00 p.m.-11:00 p.m. shift, Monday, Wednesday and Friday. Documentation from the ADL record indicated the resident didn't have a shower 2/13/19, a shower was not applicable on 2/18/19, the shower was refused 2/20/19, and 2/22/19-3/11/19 the report was checked "not applicable".

During a follow-up interview with Resident #75 with the Unit Manager present on 3/14/19, at approximately 11:00 a.m. The resident stated she had not been offered or received a shower or full body bath since admission to the facility. She further stated she thought it was because of her weight, because staff had told her they couldn't keep lifting on her because of her size. The resident then stated she was only bathed in the bed. The Unit Manager stated to the resident she should receive three shower each week. The resident asked if it should occur in the shower in the bathroom or some place else and the United Manager stated; showers should be given in your bathroom. The resident again stated, I have not been offered nor have I received a shower since I came here. The resident stated she would have really enjoyed the showers because it had been so long since she has been able to shower.

During an interview with the Rehabilitation Director on 3/15/19 at approximately 2:50 p.m., the Rehabilitation Director stated she had never

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F 001	Continued From page 3 aided Resident #75 with showering because it wasn't a rehabilitation goal. She stated the resident had expressed at home she was self bathing at sink level therefore; the goal was to get her back to that level. On 3/15/19 at approximately 7:00 p.m., the above findings were shared with the Administrator, Director of Nursing and Corporate Consultant. An opportunity was given for the facility to present additional information but none was provided.	F 001		