COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA
State Health Commissioner

TYY 7-1-1 OR
1-800-828-1120
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
Fax (804) 527-4502

November 15, 2019

Mr. Wardale Birch, Administrator
Portsmouth Health And Rehab
900 London Boulevard
Portsmouth, VA 23704

RE: Portsmouth Health And Rehab
Provider Number 495149

Dear Mr. Birch:

Based on deficiencies cited during the survey ending October 10, 2019, your facility was found not to be in compliance with Federal participation requirements for the long term care Medicare and/or Medicaid programs. On November 6, 2019, surveyors from the Virginia Department of Health's Office of Licensure and Certification conducted an unannounced revisit to verify that your facility had achieved and maintained compliance for deficiencies cited during the previous survey. One complaint was investigated during the survey; the complaint was substantiated, with deficiencies.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Survey Results

The survey findings are reflected on the enclosed Statement of Isolated Deficiencies ("A" Form) and/or the Statement of Deficiencies and Plan of Correction (CMS-2567) and/or the Post-Certification Revisit Report (CMS-2567).

All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g) of the Federal requirements, the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

We had presumed, based on your allegation of compliance, that your facility was in substantial compliance. The November 6, 2019 revisit established the facility continues noncompliance with program requirements, including an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy (S/S of D), as evidenced by the attached CMS-2567L, whereby corrections are required.

Plan of Correction (PoC)

A PoC is not required for deficiencies cited on the Statement of Isolated Deficiencies, "A" Form. Nevertheless, the facility is expected to address and correct all areas of concern noted on this form.

Unless specifically otherwise indicated, a PoC for all certification and licensure deficiencies cited on the Statement of Deficiencies and Plan of Correction (CMS-2567) must be submitted within ten (10) calendar days of receipt of these survey findings to Laura Veuhoff, LTC Supervisor, at: Office of Licensure and Certification, Division of Long Term Care Services, 9960 Mayland Drive, Suite 401, Richmond, Virginia 23233. **If you are participating in ePOC, please submit your Plan of Correction through the ePOC website.**

To be considered acceptable, the PoC must:

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and
5. Include dates when the corrective action will be completed. (The "outside" date by which all corrections must be made is the 45th calendar day after the survey ended.)

The PoC will serve as the facility's allegation of compliance. If an acceptable plan is not submitted, the State Survey Agency may propose to the Center for Medicare and Medicaid Services (CMS) Regional Office and/or the State Medicaid agency that remedies be imposed immediately within applicable notice requirements.

Informal Dispute Resolution

Following the receipt and review of your survey report, please contact the assigned supervisor to attempt to resolve any problems or concerns you may have about the citations. If those concerns are not resolved, in accordance with §488.331, you have one opportunity to question cited federal certification deficiencies through the Officer's Informal Dispute Resolution Process, which may be accessed at http://www.vdh.state.va.us/OLC/longtermcare/ To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: Director, Division of Long Term Care, Office of Licensure and Certification,

9960 Mayland Drive, Suite 401, Richmond, Virginia 23233. To be considered, the IDR request must follow the IDR guidelines and be received at the Office within 10 calendar days of your receipt of the enclosed survey findings. **An incomplete informal dispute resolution process will not delay the effective date of the imposition of any enforcement actions.**

In regards to previously listed potential remedies, by copy of this letter we are notifying the Centers for Medicare and Medicaid Services (CMS) Regional Office and the State Medicaid Agency (DMAS) that this revisit found your facility was not in in substantial compliance with the participation requirements.

Recommended Remedies

The results of the October 10, 2019 survey were forwarded to you under the October 24, 2019 initial letter. At that time, we indicated several remedies could be imposed by the Centers for Medicare and Medicaid Services (CMS) Regional Office and the State Medicaid Agency (Virginia Department of Medical Assistance Services) if compliance was not achieved. We are, by copy of this letter, notifying the CMS Regional Office and Virginia DMAS that the facility had not achieved compliance with program requirements at the time of the November 6, 2019 revisit. Those agencies will notify you about any remedy they intend to impose.

Please be advised: The facility must maintain compliance with both the Health and the Life Safety Code requirements in order to continue provider certification.

Survey Response Form

The LTC Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at:
"http://www.vdh.virginia.gov/content/uploads/sites/96/2019/02/LTC-facility-survey-response-form.pdf"
We will appreciate your participation.

If you have any questions concerning the content of this letter, please contact me at 804/367-2100.

Sincerely,

Laura Syracuse Veuhoff

Laura S. Veuhoff, LTC Supervisor
Division of Long Term Care Services

Enclosures

cc: Joani Latimer, State Ombudsman (Sent Electronically)
Bertha Ventura, Dmas (Sent Electronically)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495149	A. BUILDING _____ B. WING _____	R-C 11/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORTSMOUTH HEALTH AND REHAB	900 LONDON BOULEVARD PORTSMOUTH, VA 23704

(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) COMPLETION DATE
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the abbreviated standard survey conducted 10/8/19 through 10/10/19, was conducted on 11/6/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. One complaint was investigated during the survey. The census in this 120 certified bed facility was 111 at the time of the survey. The survey sample consisted of 3 current Resident reviews (Residents #101 through #103).	{F 000}	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interviews, clinical record review and facility documentation review, the facility staff failed to meet professional standards of a nursing practice for transcription of a physician order for wound care, for 1 of 3 residents (Resident #101) in the survey sample. The findings included: The facility staff failed to transcribe a treatment for a surgical abdominal wound for Resident #101 after receiving a verbal phone order from the Nurse Practitioner. Resident #101 was admitted to the facility 09/09/19. Diagnosis for Resident #101 include but not limited to Ventral Hernia with	F 658	F658 1. Resident #101 surgical abdominal wound order was transcribed ON 10/9/2019. 2. Current residents' records were reviewed for the past 30 days to ensure any new orders was identified and addressed appropriately. 3. Licensed staff will be re-educated on documentation and proper process of receiving verbal orders. A review of residents' orders will be conducted in morning meeting 5 times a week. 4. Random audits of residents' new orders will be completed 2 times per week for 90 days. Results of audits will be reviewed at the monthly QAPI meeting for three months to sustain compliance. 5. Compliance Date: 11/20/2019	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Wardell Birch — TITLE: Administrator — (X6) DATE: 11/19/2019

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 correction is requisite to continued program participation.

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F 658	Continued From page 1 obstruction. Resident #101 Minimum Data Set (MDS - an assessment protocol), an Admission Assessment with an Assessment Reference Date of 09/16/19 coded Resident #101 Brief Interview for Mental Status (BIMS) scored a 11 out of a possible score of 15 indicating moderate cognitive impairment. In addition, the MDS coded Resident #101 total dependence of one with bathing, extensive assistance of one with personal hygiene, transfer, dressing and toilet use and limited assistance of one with bed mobility, for Activities of Daily Living care. Resident #101's person centered care plan dated 09/10/19 had a problem, which read; altered skin integrity non-pressure related to surgical wound. The goal read; affected area will heal without complications through 12/15/19. Some of the interventions to manager goal include but not limited to monitor for signs and symptoms of infection such as swelling, redness, warm, discharge and odor and to notify the physician of significant findings and to conducted weekly skin inspections. An interview was conducted with Resident #101 on 11/06/19 at approximately 10:50 a.m. Resident #101 said she had two tubes in her stomach after having hernia repair and a small bowel obstruction. She said at her follow up doctor's appointment, the doctor removed the tubes from her stomach and covered the incision with a dressing. The resident said she told the charge nurse, once she arrived back to the facility, the doctor said I needed to have daily dressing changes. The Resident said she informed the charge nurse that the nurses were	F 658		

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F 658	Continued From page 2 not doing a dressing to her stomach incisions. Review of the October 2019, Treatment Administration Record (TAR) included the following order staring on 10/09/19: Clean with normal saline-apply Xeroform and cover with a dry dressing, every day shift other day for abdominal wound. Review of the clinical record revealed a nurse's note written by Licensed Practical Nurse (LPN-A) (Unit Manager-UM) dated 10/1/19 at 11:54 a.m. The clinical note read; "Resident left for appointment to the wound clinic, Jackson Pratt (JP) drains were removed by the surgeon. Clean dressing applied to right side. Dressing to be changed every three days until healed." An interview was conducted with LPN-A, Administrator and Director of Nursing (DON) on 11/06/19 at approximately 4:10 p.m. The UM said Resident #101 told her after she returned from her doctor's appointment on 10/01/19, there was to be a dressing to the sites where the tubes where removed. The UM said Resident #101 had JP drains removed from her abdomen. The UM said she was unable to reach the doctor's office so the facility's Nurse Practitioner (NP) was notified via phone for a treatment order to the JP drain sites. The UM said the phone was placed on speaker with another nurse present when a verbal treatment order was given on 10/01/19. The surveyor asked, "When did you realize the verbal order given on 10/01/19 for an abdominal wound treatment was not transcribed" she replied, "On 10/09/19, when Resident #101 informed me that her dressings to her abdomen were not being changed. The surveyor asked, "Who should have followed up to ensure the	F 658		

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F 658	Continued From page 3 abdominal wound treatment order was taken off and placed into the computer?" LPN-A replied, "I guess that should have been me." The DON said while both nurses were on the phone with the NP receiving the verbal wound care order, one should have written the verbal order, placed the order into the computer at that moment since they both nurses were on the call at the same time. Definitions: -Surgical wound is an incision cut through the skin that is made during surgery. It is also called a surgical wound. Some incisions are small; others are long (https://medlineplus.gov/ency/patientinstructions/000040.htm). -Jackson Pratt drain is a closed suction drain is placed under your skin during surgery. This drain removes any blood or other fluids that might build up in this area (https://medlineplus.gov/ency). -Xeroform Dressing is intended for use as a primary contact layer in dressing wounds such as lacerations, skin graft recipient sites, newly sutured wounds, abrasions and minor or partial-thickness burns. It may also be used as an initial layer in dressing surgical wounds with light exudate where mild medication and deodorization are desired (https://www.woundsource.com/product/xeroform-occlusive-dressing). Complaint deficiency.	F 658		
F 684 SS=D	Quality of Care CFR(s): 483.25	F 684		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 684	Continued From page 4 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, clinical record review and facility documentation review, the facility staff failed to follow physician orders for 1 of 3 residents (Resident #101) in the survey. The findings included: The facility staff failed to follow physician orders for an abdominal surgical incision for Resident #101. Resident #101 was admitted to the facility 09/09/19. Diagnosis for Resident #101 include but not limited to Ventral Hernia with obstruction. Resident #101 Minimum Data Set (MDS - an assessment protocol), an Admission Assessment with an Assessment Reference Date of 09/16/19 coded Resident #101 Brief Interview for Mental Status (BIMS) scored a 11 out of a possible score of 15 indicating moderate cognitive impairment. In addition, the MDS coded Resident #101 total dependence of one with bathing, extensive assistance of one with personal hygiene, transfer, dressing and toilet use and limited assistance of one with bed mobility, for Activities of Daily Living care. Resident #101's person centered care plan dated	F 684	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated. F684 1. Resident # 101 physician orders ARE being followed. 2. Current residents' records were reviewed for the past 30 days to ensure any new wounds was identified and addressed appropriately. 3. Licensed staff will be re-educated on following physician orders for wounds. A review of residents' orders will be conducted in morning meeting 5 times a week. 4. Random audits of residents' new wound orders will be completed 2 times per week for 90 days. Results of audits will be reviewed at the monthly QAPI meeting for three months to sustain compliance. 5. Compliance Date: 11/20/2019	

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F 684	Continued From page 5 09/10/19 had a problem, which read; altered skin integrity non-pressure related to surgical wound. The goal read; affected area will heal without complications through 12/15/19. Some of the interventions to manager goal include but not limited to monitor for signs and symptoms of infection such as swelling, redness, warm, discharge and odor and to notify the physician of significant findings and to conducted weekly skin inspections. An interview was conducted with Resident #101 on 11/06/19 at approximately 10:50 a.m. Resident #101 said she had two tubes in her stomach after having hernia repair and a small bowel obstruction. She said at her follow up doctor's appointment, the doctor removed the tubes from her stomach and covered the incision with a dressing. The resident said she told the charge nurse, once she arrived back to the facility, the doctor said I needed to have daily dressing changes. The Resident said she informed the charge nurse that the nurses were not doing a dressing to her stomach incisions. Review of the clinical record revealed a nurse's note written by LPN-A (Unit Manager-UM) dated 10/1/19 at 11:54 a.m. The clinical note read; "Resident left for appointment to the wound clinic, Jackson Pratt (JP) drains were removed by the surgeon. Clean dressing applied to right side. Dressing to be changed every three days until healed." Review of the October 2019, Treatment Administration Record (TAR) included the following order staring on 10/09/19: Clean with normal saline-apply Xeroform and cover with a dry dressing, every day shift other day for	F 684		

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F 684	Continued From page 6 abdominal wound. An interview was conducted with LPN-A, Administrator and Director of Nursing (DON) on 11/06/19 at approximately 4:10 p.m. The UM said Resident #101 told her after she returned from her doctor's appointment on 10/01/19, there was to be a dressing to the sites where the tubes where removed. The UM said Resident #101 had JP drains removed from her abdomen. The UM said she was unable to reach the doctor's office so the facility's Nurse Practitioner (NP) was notified via phone for a treatment order to the JP drain sites. The UM said the phone was placed on speaker with another nurse present when a verbal treatment order was given on 10/01/19. The surveyor asked, "When did you realize the verbal order given on 10/01/19 for an abdominal wound treatment was not transcribed" she replied, "On 10/09/19, when Resident #101 informed me that her dressings to her abdomen were not being changed. The surveyor asked, "Who should have followed up to ensure the abdominal wound treatment order was taken off and placed into the computer?" LPN-A replied, "I guess that should have been me." The DON said while both nurses were on the phone with the NP receiving the verbal wound care order, one should have written the verbal order, placed the order into the computer at that moment since they both nurses were on the call at the same time. The surveyor asked, "How my dressing changes were missed" she replied, "The order first order was received on 10/01/19 but not transcribed as an actual order until 10/09/19. The LPN stated, "I did the treatment on 10/09/19." After reviewing, the TAR for October 2019 revealed that Resident #101 missed four abdominal wound treatments because her order	F 684		

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F 684	Continued From page 7 was for every other day." Complaint deficiency.	F 684		