

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2019
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NAME OF PROVIDER OR SUPPLIER WATERSIDE HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 249 SOUTH NEWTOWN RD NORFOLK, VA 23502
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 12/10/19 through 12/12/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Five complaints were investigated during the survey.</p> <p>The census in this 197 bed facility was 95 at the time of the survey. The survey sample consisted of 34 current Resident reviews and 9 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility staff was not in compliance with the following Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5-371-140 (A). Policies and Procedures. Cross Reference to F607, F609. 12 VAC 5-371-150 (C, I). Resident Rights. Cross Reference to F622 and F623. 12 VAC 5-371-200 (D). Foot Care. Cross Reference to F687. 12 VAC 5-371-220 (C.1, D). Nursing Services. Cross Reference to F686 and F677. 12 VAC 5-371-250 (A.13, C, F and G). Resident Assessment and Care Planning. Cross Reference to F641 and F657. 12 VAC 5-371-300 (A). Pharmaceutical services. Cross Reference to F755. 12 VAC 5-371-340 (A). Dietary and food service program. Cross Reference to F812. 12 VAC 5-371-360 (A), (B) and (E). Clinical Records. Cross Reference to F842.</p>	F 001	<p>1. It was identified that resident #35's representative had not returned a signed copy of the acknowledgement form given upon admission regarding the sex offender registry. Resident #35's representative was re-contacted & a signed acknowledgment form was obtained.</p> <p>2. All new residents are at risk for failing to return a signed Sex Offender Registry Acknowledgement form.</p> <p>3. Admissions Coordinator will be educated by the administrator on the Sex Offender Acknowledgement form being signed and returned.</p> <p>4. Current residents admitted after July 1, 2019 charts will be audited to ensure that a signed acknowledgement form has been returned as proof that they were given the information on how to access the Sex Offender Registry. Admissions Coordinator, Administrator and/or designee will audit resident charts after admission to ensure that they returned a signed acknowledgement form. This will be done weekly for 3 months. The results of this audit will be reported in QAPI monthly for 3 months.</p> <p>5. Date of Compliance: January 7, 2020</p>	1/7/2020

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

Chris Acorn

Chris Acorn

TITLE

Administrator

(X8) DATE

January 7, 2020

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NAME OF PROVIDER OR SUPPLIER WATERSIDE HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 249 SOUTH NEWTOWN RD NORFOLK, VA 23602
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F 001	<p>Continued From page 1</p> <p>And,</p> <p>12 VAC 5-371-150 (H). Resident Rights. Based on staff interview, documentation the facility staff failed ensure compliance with state licensure requirements for 1 resident (Resident #35) of 43 residents in the survey sample.</p> <p>The findings included:</p> <p>The facility staff failed to ensure Resident #35 was provided with information on how to assess the Sex Offender Registry and evidence that the facility obtained signed acknowledgement from Resident #35. Resident #35 was admitted to the facility on 09/04/19. She has never been discharged. Diagnosis for Resident #35 included but are not limited to *Alzheimer's disease.</p> <p>Resident #35's Minimum Data Set (MDS-an assessment protocol) a quarterly with an Assessment Reference Date of 10/23/19, scored a 06 out of a possible score of 15 indicating severe cognitive impairment.</p> <p>An interview was conducted with Administrator on 12/11/19 at approximately 10:30 a.m. He was asked to provide evidence that the facility provided Resident #35 or her representative with information on how to assess the Sex Offender Registry and evidence that the facility obtained signed acknowledgement from Resident #35 or her representative. On the same day at approximately 3:20 p.m., the Administrator stated, "I am unable to locate evidence in the resident's medical record of the information request."</p> <p>A briefing was held with the Administrator, Director of Nursing and Regional Director of Clinical Services on 12/12/19 at approximately</p>	F 001	<p>12 VAC 5-371-140 (A). Policies and Procedures. Cross Reference to F607, F809. 12 VAC 5-371-150 (C, I). Resident Rights. Cross Reference to F622 and F623. 12 VAC 5-371-200 (D). Foot Care. Cross Reference to F687. 12 VAC 5-371-220 (C.1, D). Nursing Services. Cross Reference to F686 and F677. 12 VAC 5-371-250 (A, 13, C, F and G). Resident Assessment and Care Planning. Cross Reference to F641 and F657. 12 VAC 5-371-300 (A). Pharmaceutical services. Cross Reference to F755. 12 VAC 5-371-340 (A). Dietary and food service program. Cross Reference to F812. 12 VAC 5-371-360 (A), (B) and (E). Clinical Records. Cross Reference to F842. 12 VAC 5-371-150 (H). Resident Rights. Based on staff interview, documentation the facility staff failed ensure compliance with state licensure requirements for 1 resident (Resident #35) of 43 residents in the survey sample.</p>	

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F 001	<p>Continued From page 2</p> <p>6:53 p.m. The facility did not present any further information about the findings.</p> <p>The facility's policy titled Registered Sex Offender (Last Revision 10/2016).</p> <p>-Policy: The facility will ensure all regulations are followed and maintained safety for all residents and staff.</p>	F 001		