



COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
Fax (804) 527-4502

April 20, 2020

Christine Sena-Breitberg, Administrator
Consulate Health Care of Norfolk
3900 Llewellyn Avenue
Norfolk, VA 23504

RECEIVED
MAY 01 2020
VDH/OLC

RE: Consulate Health Care of Norfolk
NP#: NH2603

Dear Ms. Sena-Breitberg:

An unannounced offsite licensure abbreviated (complaint) survey was conducted ending April 15, 2020 by the Office of Licensure and Certification staff. All references to regulatory requirements are found in Chapter 12 VAC 5-371 of the Rules and Regulations for the Licensure of Nursing Facilities.

Enclosed is the Copy of the Statement of Deficiencies for the Health Survey. This document contains a listing of the deficiencies found at the time of this inspection.

You are required to file a plan for correcting these deficiencies. Your statements shall reflect the specific detailed actions you will take to correct deficiencies, prevent a recurrence of the deficiencies, and measures implemented to maintain compliance. You must also give the specific calendar date on which correction of each deficiency is expected to be completed. The response "Corrected" is not an acceptable response. That kind of response does not fulfill the requirement to provide information on preventing recurrence or maintaining compliance. The response "will train staff" is not an acceptable response unless specific information is given on the plan for frequency and methods to evaluate results. Correction/completion dates must be within forty-five (45) days from the day of the inspection.

After signing and dating your Plan of Correction retain one copy of the report for your files and return the original to this office within ten (10) working days from receiving the report. You will be notified if your Plan of Correction is not acceptable.

DIRECTOR
(804) 367-2102

ACUTE CARE
(804) 367-2104

COPN
(804) 367-2126

VDH

VIRGINIA
DEPARTMENT
OF HEALTH

COMPLAINTS
1-800-955-1819

LONG TERM CARE
(804) 367-2100

Protecting Your Health Your Way

www.vclh.virginia.gov

State of Virginia

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|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0138 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 04/15/2020 |
|---|--|--|--|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CONSULATE HEALTH CARE OF NORFOLK

**3900 LLEWELLYN AVE
NORFOLK, VA 23504**

| (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 State Licensure complaint investigation was conducted 4/14/20 through 4/15/20. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the survey. The census in this 222 licensed bed facility was 208 at the time of the survey. The survey sample consisted of 1 current Resident review, Resident #1. | 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 facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: 12 VAC 5-371-360 (J). Clinical Records: Clinical records shall be available to residents and legal representatives if they wish to see them. Code of Virginia: 45 CFR 8.01-413 Certain copies of health care provider's records or papers of patient admissible; right of patient, his attorney and authorized insurer to copies of such records or papers within 30 days of receipt of such request. Based on a complaint investigation, staff interviews and facility documentation review the facility staff failed to make available a copy of Resident #1's clinical record to the Resident Representative (RR). | F 001 | | |

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

TITLE

(X6) DATE

STATE FORM

[Signature]
5899 5W911

Executive Director

4/22/20

If continuation sheet 1 of 3

State of Virginia

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| F 001 | <p>Continued From page 1</p> <p>Resident #1 was admitted to the nursing facility on 2/22/19 with diagnoses that included dementia, chronic obstructive pulmonary disease and metabolic encephalopathy.</p> <p>The current Minimal Data Set (MDS) assessment was a quarterly dated 1/7/20. The MDS coded Resident #1 with short and long term memory and moderately impaired with the skills for daily decision making.</p> <p>The complaint details as received on 4/6/20 in the State survey and certification agency indicated the RR requested a copy of Resident #1's clinical record June 2019 and had received a correspondence from the Nursing facility submitted by their legal department that the facility could not release the resident's medical record due to privacy rules. The correspondence had also described the resident as "deceased." To date the resident resides at the nursing facility. The RR was not available for phone interview.</p> <p>On 4/15/20 at 10:32 a.m., the Medical Records Director was interviewed regarding the aforementioned issue. She stated, "It was my fault. I did not fill out the paperwork correctly and I did not send the Power of Attorney (POA) document that would prove the (name of the complainant) would be allowed to have a copy of the record. (Complainant's name) filled out the document correctly for the request of medical records." The MR Director stated she has since copied Resident #1's medical record on 4/6/20 and sent an invoice to the RR for the amount of 192.50. She said the RR told her she would come and pick up the records, but had not as of yet. The MR Director stated based on the Pandemic, I could just hand them through the door to her, or do you think I should just mail</p> | F 001 | | |

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| F 001 | <p>Continued From page 2</p> <p>them?</p> <p>On 4/15/20 at 4:30 p.m., an interview was conducted with the Administrator and the Director of Nursing (DON). They stated they did not know that the RR had not received a copy of Resident #1's medical record until the local Ombudsman came to speak to them on 3/26/20. They stated since then they instructed the MR Director to make a copy of the records. They said they inserviced the MR Director and would make sure in the future they check the forms for accuracy and that the proper documents were sent to their legal department for review in order to obtain permission to release the records. The Administrator stated, "The MR Director did not follow our policy and procedures for release of medical records and we are going to mail them (complainant's name) today certified based on the current situation."</p> <p>The facility's policy and procedure titled Request for Medical Records/Release of Information dated 7/30/18 indicated the following:</p> <ul style="list-style-type: none"> -Resident or RR fills out documents for the request of medical records -Immediately send the request for medical records and any supporting documents (POA, guardianship appointments, healthcare proxies to the facility's legal department. -Within 72 hours the legal department will send a fax or email with approval decision. -Once approved, copies are made, invoice prepared and the requestor can pick up the records. | F 001 | | |

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


5899 5W9111

TITLE

Ec1Jf1v,...-S>,c;

(X6) DATE

1/22/20

STATE FORM

If continuation sheet 1 of 3

State of Virginia

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