

COMMONWEALTH of VIRGINIA

M. Norman Oliver, MD, MA State Health Commissioner

Department of Health Office of Licensure and Certification

TYY 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



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.

PRINTED: 04/20/2020 FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: VA0138 B. WING 04/15/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 LLEWELLYN AVE CONSULATE HEALTH CARE OF NORFOLK NORFOLK, VA 23504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 000 Initial Comments F 000 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 001 Non Compliance F 001 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 RECEIVED
MAY 0 1 2020
VDH/OLC of health care provider's records or papers of patient admissible; right of patient, his attorney and authorized insurer to copies of such records

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

or papers within 30 days of receipt of such

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

TITLE

(X6) DATE

Executive Director

If continuation sheet

STATE FORM

request.

Representative (RR).

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: VA0138		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	TATE, ZIP CODE	1 04/1	5/2020
CONSUI	LATE HEALTH CARE		WELLYN AVE			
	7	NORFOLI	K, VA 23504			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE	
F 001	Continued From pa	ge 1	F 001			
	Resident #1 was ac on 2/22/19 with diag dementia, chronic of and metabolic ence	Imitted to the nursing facility gnoses that included obstructive pulmonary disease phalopathy.				
	was a quarterly date Resident #1 with sh	I Data Set (MDS) assessment ed 1/7/20. The MDS coded ort and long term memory aired with the skills for daily				
	State survey and ce the RR requested a record June 2019 at correspondence from submitted by their lefacility could not release record due to privace had also described to date the resident	Is as received on 4/6/20 in the rtification agency indicated copy of Resident #1's clinical and had received a methe Nursing facility agal department that the ease the resident's medical yrules. The correspondence the resident as "deceased." resides at the nursing facility.				
	Director was intervied aforementioned issurfault. I did not fill out did not send the Powdocument that would complainant) would the record. (Complaidocument correctly frecords." The MR Dicopied Resident #1's and sent an invoice of 192.50. She said the come and pick up the yet. The MR Director Pandemic, I could justice aforement of the property of t	a.m., the Medical Records ewed regarding the le. She stated, "It was my the paperwork correctly and I wer of Attorney (POA) If prove the (name of the be allowed to have a copy of mant's name) filled out the lor the request of medical irector stated she has since a medical record on 4/6/20 to the RR for the amount of the RR told her she would be records, but had not as of a stated based on the latter than them through the latter than the state of the latter than the state of the latter than		V LIN	EIVE 0 1 2020 OLC	D

PRINTED: 04/20/2020 FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED VA0138 B. WING 04/15/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 LLEWELLYN AVE CONSULATE HEALTH CARE OF NORFOLK NORFOLK, VA 23504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 001 Continued From page 2 F 001 them? 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." The facility's policy and procedure titled Request for Medical Records/Release of Information dated 7/30/18 indicated the following: -Resident or RR fills out documents for the request of medical records MAY UT THE KONTO -Immediately send the request for medical records and any supporting documents (POA. guardianship appointments, healthcare proxies to the facility's legal department.

records.

-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

FORM APPROVED State of Virainia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A.BUILDING:_ COMPLETED VA0138 04/15/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 LLEWELLYN AVE CONSULATE HEALTH CARE OF NORFOLK NORFOLK, VA 23504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F000 Initial Comments F000 NAY O 1 2020 VDHIOLC 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 001 Non Compliance F 001 1. Medical Record Director was The facility was out of compliance with the educated on filling out release following state licensure requirements: forms properly immediately on 4/15/20 by the Staff Development This RULE: is not met as evidenced by: The facility was not in compliance with the Coordinator (SDC). Resident #1's following Virginia Rules and Regulations for the Clinical Medical records and invoice Licensure of Nursing Facilities: were available for pick up by 12 VAC 5-371-360 (J). Clinical Records: Clinical resident #1's Representative on records shall be available to residents and legal 4/6/20: Resident #1's representatives if they wish to see them. representative has yet to pick up or Code of Virginia: 45 CFR 8.01-413 Certain copies pay invoice. The Clinical Medical of health care provider's records or papers of records and invoice were mailed to patient admissible; right of patient, his attorney Resident #1 Representative via and authorized insurer to copies of such records

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTAT

interviews and facility documentation review the

facility staff failed to make available a copy of

Resident #1's clinical record to the Resident

or papers within 30 days of receipt of such

Based on a complaint investigation, staff

TITLE

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FedEx on 4/15/2020.

records were effected.

2. Residents records that have been

requested the potential to be

affected. No other resident's

(X6) DATE

1/22/20

request.

Representative (RR).

State of Virainia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0138	B. WING		04/1	5/2020
	PROVIDER OR SUPPLIER LATE HEALTH CARE SUMMARY STA	OF NORFOLK 3900 LLEV	DRESS, CITY, ST WELLYN AV C, VA 23504	E		0/2020
PREFIX TAG	(EACH DEFICIENCY I	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE
F 001	Resident #1 was admitted to the nursing facility on 2/22/19 with diagnoses that included dementia, chronic obstructive pulmonary disease and metabolic encephalopathy. The current Minimal Data Set (MOS) assessment was a quarterly dated 1/7/20. The MOS coded Resident #1 with short and long term memory and moderately impaired with the skills for daily decision making. 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. 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		F 001	DEFICIENCY)		
	and sent an invoice 192.50. She said the come and pick up th yet. The MR Directo Pandemic, I could ju	to the RR for the amount of RR told her she would be records, but had not as of r stated based on the list hand them through the but think I should just mail				

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		VA0138	B, WING			C 15/2020
	PROVIDER OR SUPPLIER	OF NORFOLK 3900 LLE	DRESS, CITY, ST WELLYN AVE C, VA 23504			
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