

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

PRINTED: 02/25/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495227</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WESTPORT REHABILITATION AND NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7300 FOREST AVE</b> <b>RICHMOND, VA 23226</b>
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E 000	Initial Comments	E 000		
F 000	An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted onsite and remotely 1/19/21 through 1/21/21. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. <b>INITIAL COMMENTS</b>	F 000		
F 883 SS=E	An unannounced abbreviated COVID-19 Focused Survey was conducted onsite and remotely 1/19/21 through 1/21/21. Complaints were investigated during the survey. VA00050433, VA00050605 and VA00050421, substantiated without deficiency, VA00050389, VA00050458, and VA00050559, were unsubstantiated. Corrections are required for compliance with F-883 of 42 CFR Part 483 Federal Long Term Care requirement(s).  The census in this 225 certified bed facility was 199. Of the 199 current residents, 34 residents were positive for the COVID-19 virus. The survey sample consisted of 23 current residents (Residents #3, #4, #5, #6, #7, #9, #10, #11, #12, and #14 through #27) and 4 closed record reviews (Residents #1, #2, #8 and #13). <b>Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)</b>  §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;	F 883		2/8/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>02/04/2021</b>
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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 883	Continued From page 1 (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.  §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits	F 883			

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F 883	<p>Continued From page 2 and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to maintain and implement an immunization program for the influenza and pneumococcal vaccines for five of 27 residents in the survey sample, (Resident's #3, #4, #5, #6, and #7).</p> <p>The facility staff failed to ensure the immunization status was assessed, documented in the clinical record and vaccinations were offered to Resident #3, #4, #6 and #7 and failed to provide education to the resident and/or responsible party before administering a vaccination to Resident #5 and #7.</p> <p>The finding include:</p> <p>1. The facility staff failed to evidence documentation in the clinical record that Resident #3's influenza and pneumococcal immunization status was assessed, that the vaccines were offered, declined or that Resident #3 had already been immunized or that the immunizations were medically contraindicated.</p> <p>Resident #3 was admitted to the facility on 12/17/2020 with diagnoses that included but were not limited to: pneumonia (An infection in one or</p>	F 883	<p>The filing of the plan of correction does not constitute an admission that the alleged deficiencies did, in fact, exist. This plan of corrections is filed as evidence to comply with requirements of participation and continue to provide high quality resident centered care.</p> <p>F883 Influenza and Pneumococcal Immunizations</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>- Resident #3, #4, #6 and #7 were offered the influenza and pneumococcal vaccines along with education on 2/3/2021, residents refused both. Immunization records validated, updated and documented.</p> <p>- Resident #5 was offered the influenza and pneumococcal vaccines along with education on 2/3/2021, residents refused the influenza and accepted the pneumonia vaccine. Immunization records validated, updated and documented.</p> <p>2. Address how the facility will identify other residents having the potential to be</p>	

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F 883	<p>Continued From page 3</p> <p>both of the lungs. Many germs, such as bacteria, viruses, and fungi, can cause pneumonia) (1), congestive heart failure (abnormal condition characterized by circulatory congestion and retention of salt and water by the kidneys) (2), anemia (condition in which the hemoglobin content of the blood is below normal limits) (3), and gastroesophageal reflux disease (backflow of the contents of the stomach into the esophagus, usually caused by malfunction of the sphincter muscle between the two organs) (4).</p> <p>The most recent MDS (minimum data set) assessment, a Medicare five day assessment, with an ARD (assessment reference date) of 12/23/2020, coded the resident as scoring a "9" on the BIMS (brief interview for mental status) score, indicating the resident was moderately impaired to make daily cognitive decisions. Section O - Special Treatments, Procedures and Programs, documented in part; "Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?" A "No" was coded. "If influenza vaccine not received, state reason." The following was coded " Resident not in this facility." Section 0300 documented, "is the resident's pneumococcal vaccination up to date?" A "No" was coded as the answer. "If pneumococcal vaccination not received, state reason." It was coded as "Not assessed."</p> <p>Review of the "Immunization Tab" in the clinical record failed to evidence documentation of the influenza and pneumococcal vaccinations.</p> <p>Further review of the clinical record documented in part, "Resident Evaluation (Admission assessment)" dated 12/17/2020. The form in Section B1 - Immunizations, documented, "1. Did</p>	F 883	<p>affected by the same deficient practice: All residents have the potential to be affected. Influenza and Pneumococcal Immunization audit of all residents was completed on 2/3/2021.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Education was provided to nursing staff on immunization policies and procedures by Director of Nurse initiated on 2/4/2021.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: D.O.N. will complete weekly audits of new admissions verifying that Resident are offered influenza and pneumococcal immunization, education completed and administered if accepted and documented. Audits will be weekly for 4 weeks and monthly for 2 months. Should deficits occur they will be forwarded to QAPI Monthly.</p> <p>5. Include dates when the corrective action will be completed: Date of compliance 2/8/2021.</p>		

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F 883	<p>Continued From page 4</p> <p>the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?" It was documented as "No." "1a. If influenza vaccine not received, state reason: Resident not in this facility." 1b. Influenza date was blank. "2 Is the resident's Pneumococcal vaccination up to date?" A "No" was documented. 2a. If pneumococcal vaccination not received, state reason, "Not assessed" was documented.</p> <p>On 1/19/2021 at 12:47 p.m., an email request was made to the administrator for the documentation related to Resident #3's immunization status for the influenza and pneumococcal vaccinations. No documents were received.</p> <p>On 1/21/2021 at 12:09 p.m. an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated there was no documentation related to the resident's influenza or pneumococcal vaccination status in the clinical record that she could find. When asked who is responsible for keeping the vaccination status of each resident, ASM #2 stated the infection preventionist. ASM #2 was asked about the process staff follows for assessing and administering vaccinations. ASM #2 stated on admission the admission assessment has a place for the immunization status. It should then be followed up on by the infection preventionist who tracks the immunizations in the facility. The infection preventionist was not available for interview.</p> <p>The facility policy, "Pneumococcal Vaccine" documented in part, "All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Policy</p>	F 883			

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F 883	<p>Continued From page 5</p> <p>Interpretation and Implementation: 1. Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. 2. Assessments of pneumococcal vaccination status will be conducted with in five (5) working days of the resident's admission if not conducted prior to admission."</p> <p>The facility policy, "Influenza Vaccine" documented in part, "All residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza...Policy Interpretation and Implementation: 1. Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents and employees, unless the vaccine is medically contraindicated or the resident or employee has already been immunized. 2. Employees hired or residents admitted between October 1st and March 31st shall be offered the vaccine within five (5) working days of the employees job assignment or the resident's admission to the facility."</p> <p>ASM # 1, the administrator, was made aware of the above concern on 1/21/2021 at 2:25 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) This information was obtained from the following website: <a href="https://medlineplus.gov/pneumonia.html">https://medlineplus.gov/pneumonia.html</a>.</p>	F 883		
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F 883	<p>Continued From page 6</p> <p>(2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138.</p> <p>(3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 33.</p> <p>(4) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 243.</p> <p>2. The facility staff failed to evidence documentation in the clinical record that Resident #4's immunization status for the pneumococcal vaccine was assessed, the vaccine was offered, declined or that Resident #4, had already been immunized or that the immunization was medically contraindicated.</p> <p>Resident #4 was admitted to the facility on 10/30/2021, with diagnoses that included but were not limited to: schizophrenia (Any of a group of mental disorders characterized by gross distortions of reality, withdrawal of thought, language, perception and emotional response) (1), osteomyelitis (an infection of bone and bone marrow usually caused by bacteria) (2), peripheral vascular disease (any abnormal condition, including atherosclerosis, affecting blood vessels outside the heart) (3), and anemia.</p> <p>The most recent MDS assessment, an admission assessment, with an ARD of 11/5/2020, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one or more staff members for most of his activities of daily living.</p>	F 883			

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F 883	<p>Continued From page 7</p> <p>In Section O - Special Treatments, Procedures and Programs, it was coded, "2 Is the resident's Pneumococcal vaccination up to date?" A "No" was documented. B. If Pneumococcal vaccine note received, state reason: Offered and declined" was documented.</p> <p>Review of the "Immunization Tab" in the clinical record failed to evidence documentation of the pneumococcal vaccination. Further review of the clinical record documented in part, "Resident Evaluation (admission assessment)" dated 10/30/2020. The form in Section B1 - Immunizations, documented, "Is the resident's Pneumococcal vaccination up to date?" "Not assessed/no information" was coded. There was no documentation evidencing the vaccine had been offered and declined.</p> <p>On 1/19/2021 at 12:47 p.m., an email request was made to the administrator for the documentation related to the Resident #4's immunization status for pneumococcal vaccination. No documents were received.</p> <p>An interview was conducted on 1/21/2021 at 12:09 p.m. with ASM #2, the director of nursing. ASM #2 stated, "There is no documentation in the clinical record related to his (Resident #4's) pneumococcal vaccination."</p> <p>ASM # 1, the administrator, was made aware of the above concern on 1/21/2021 at 2:25 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and</p>	F 883			



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F 883	<p>Continued From page 8 Chapman, page 522. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 423. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 447.</p> <p>3. The facility failed staff failed evidence education was provided and consent obtained prior to administering the influenza vaccination to Resident #5 on 10/30/2020.</p> <p>Resident #5 was admitted to the facility on 11/1/2014, with diagnoses that included but were not limited to: dementia (a progressive state of mental decline, especially memory function and judgement, often accompanied by disorientation. (1), depression (a dejected state of mind with feelings of sadness, discouragement, and hopelessness, often accompanied by reduced activity and ability to function, apathy and sleep disturbance) (2), falls, and gastroesophageal reflux disease (backflow of the contents of the stomach into the esophagus, usually caused by malfunction of the sphincter muscle between the two organs) (3).</p> <p>The most recent MDS assessment, a quarterly assessment, with an ARD of 11/30/2020, coded the resident as scoring a "15" on the BIMS score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one staff member for most of her activities of daily living. In Section 0 - Special Treatments, Procedures and Programs, the resident was coded as having received the influenza</p>	F 883			

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F 883	<p>Continued From page 9 vaccination on 10/30/2020.</p> <p>Review of the "Immunization Tab" in the clinical record, documented the resident received her influenza vaccination on 10/30/2020. Further review of the clinical record failed to evidence the documentation of the education and the consent for the influenza vaccination.</p> <p>On 1/19/2021 at 12:47 p.m., an email request was made to the administrator for the documentation related to Resident #5's education and consent for the influenza vaccine received on 10/30/2020. No documents were received prior to completion of the survey.</p> <p>An interview was conducted with ASM #2, the director of nursing, on 1/21/2021 at 12:09 p.m. When asked about documentation of the education provided and the consent for the administration of the influenza vaccine to Resident #5 on 10/30/2020, ASM #2 stated, there was no documentation in the clinical record for the education and consent for the influenza vaccine.</p> <p>ASM # 1, the administrator, was made aware of the above concern on 1/21/2021 at 2:25 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 160. (3) Barron's Dictionary of Medical Terms for the</p>	F 883			

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F 883	<p>Continued From page 10 Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 243.</p> <p>4. The facility staff failed to evidence documentation in the clinical record that the Resident #6's immunization status for the influenza and pneumococcal vaccines was assessed, offered, declined or that Resident #6 had already been immunized or that the immunizations were medically contraindicated.</p> <p>Resident #6 was admitted to the facility on 12/24/2020 with diagnoses that included but were not limited to: diabetes, depression, falls and encephalopathy (any brain disease or disorder). (1)</p> <p>The most recent MDS assessment, an admission assessment, with an ARD of 12/29/2020, coded the resident as scoring a "13" on the BIMS score, indicating she was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one or more staff members for most of her activities of daily living. In Section O - Special Treatments, Procedures and Programs, the resident was coded as not receiving the influenza vaccine while in the facility. The reason for not having it was documented as, "Resident not in this facility during this year's influenza vaccination season." For the pneumococcal vaccination, there were dashes documented indicating it was not completed.</p> <p>Review of the "Immunization Tab" in the clinical record only documented the resident received a COVID vaccination on 1/20/2021. There was no other documentation regarding immunizations in</p>	F 883			

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495227</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/21/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTPORT REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7300 FOREST AVE</b> <b>RICHMOND, VA 23226</b>	
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F 883	<p>Continued From page 11 the clinical record.</p> <p>Further review of the clinical record documented in part, "Resident Evaluation (Admission assessment)" dated 12/24/2020. The form in Section B1 - Immunizations, documented, "1. Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?" It was documented as, "Not assessed/no information. 2 Is the resident's Pneumococcal vaccination up to date?" It was coded as, "Not assessed/no information."</p> <p>On 1/19/2021 at 12:47 p.m. A request was made to the administrator via email for the documentation related to the resident's immunization status for the pneumococcal and influenza vaccines. No documents were received by completion of the survey.</p> <p>An interview was conducted with ASM #2 on 1/21/2021 at 12:09 p.m. When asked about documentation of the resident's influenza and pneumococcal vaccine status, ASM #2 stated she could not locate any information in the clinical record.</p> <p>ASM # 1, the administrator, was made aware of the above concern on 1/21/2021 at 2:25 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 192.</p> <p>5. The facility staff failed to evidence education</p>	F 883		

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NAME OF PROVIDER OR SUPPLIER  <b>WESTPORT REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7300 FOREST AVE</b> <b>RICHMOND, VA 23226</b>		
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F 883	<p>Continued From page 12</p> <p>was provided prior to the administration of the influenza vaccine to Resident #7 on 12/22/2020, and failed to evidence that the residents immunization status for the pneumococcal vaccination was assessed, the vaccine was offered/declined, or that the resident had already been immunized or that the immunization was medically contraindicated.</p> <p>Resident #7 was admitted to the facility on 9/25/2020 with diagnoses that included but were not limited to: dementia, depression, anemia, and high blood pressure.</p> <p>The most recent MDS assessment, a quarterly assessment, with an ARD of 1/2/2021, coded the resident as scoring a "4" on the BIMS score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring supervision to limited assistance of one staff member for most of her activities of daily living. In Section O - Special Treatments, Procedures and Programs, coded the resident as having received the influenza vaccine on 10/22/2020. In O0300, it coded the resident as having her pneumococcal vaccination up to date. In Section B, it coded the resident as having it "Offered and declined."</p> <p>Review of the "Immunization Tab" in the clinical record documented the resident received her influenza vaccination on 12/22/2020. There was no documentation of the resident's pneumococcal vaccine.</p> <p>Further review of the clinical record documented in part, "Resident Evaluation" dated 9/25/2020. The form in Section B1 - 1. Did the resident receive the influenza vaccine in this facility for this</p>	F 883			

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F 883	<p>Continued From page 13</p> <p>year's influenza season?" It was coded as "not assessed/no information. 2. Is the resident's Pneumococcal vaccination up to date?" It was coded as "Not assessed/no information."</p> <p>A nurse's note dated, 10/15/2020 at 2:02 p.m. documented, "Verbal consent obtained from (name of daughter) to receive the Influenza vaccine when available."</p> <p>A request for the documentation related to the resident's immunization status for pneumococcal vaccination and the education for the influenza vaccination was made by email to the administrator on 1/19/2021 at 12:47 p.m. No documents were received by completion of the survey.</p> <p>An interview was conducted on 1/21/2021 at 12:09 p.m. with ASM #2. When asked about documentation of the education provided prior to the administration of the influenza vaccine to Resident #7, ASM #2 stated she could not find it in the clinical record. When asked about the documentation of the resident's pneumococcal vaccination status, ASM #2 stated there was no documentation in the clinical record.</p> <p>ASM # 1, the administrator, was made aware of the above concern on 1/21/2021 at 2:25 p.m.</p> <p>No further information was provided prior to exit.</p>	F 883			