

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

PRINTED: 03/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/11/2021
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 3900 LLEWELLYN AVE NORFOLK, VA 23504		
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E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 02/09/2021 and offsite 02/11/2021. The facility was in compliance with E0024 of 42 CFR Part 483.73, Requirements for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey and Focused Infection Control survey was conducted onsite 02/09/2021 and offsite 02/10/2021 through 02/11/2021. One complaint was investigated: VA00050442 was substantiated without deficiencies. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements, 42 CFR Part 483.80 infection control regulations, and the CMS and Centers for Disease Control (CDC) recommended practices for COVID -19.	F 000			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, resident interview and clinical record review the facility staff failed to ensure that Resident #1, 1 of 6	F 677	1. Resident #1 was offered and shaved on 2/10/2021. Resident #1 was offered and received a shower on 2/12/21.	3/2/21	

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

TITLE

(X6) DATE

Electronically Signed

02/26/2021

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 677	<p>Continued From page 1</p> <p>resident's in the survey sample, was provided ADL (Activities of Daily Living) Care to include receiving showers twice a week.</p> <p>The findings included:</p> <p>1. Resident #1 was initially admitted to the facility on 04/28/2020. Resident #1 was discharged to the hospital 09/12/2020 and readmitted to the facility on 09/18/2020. Diagnosis included but were not limited to End Stage Renal Disease and Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side.</p> <p>Resident #1's Quarterly Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 11/13/2020 coded Resident #1 with a BIMS (Brief Interview for Mental Status) score of 11 indicating moderate cognitive impairment. In addition, the Minimum Data Set coded Resident #1 as requiring extensive assistance of 1 with dressing and personal hygiene, extensive assistance of 2 for bed mobility and transfer and total dependence of 2 with toilet use and bathing.</p> <p>On 02/09/2021 at 12:30 p.m., an interview was conducted with Resident #1 at his bedside in Room 137A. Resident #1 was observed lying in bed covered with a clean sheet. When asked if the nursing staff were giving him showers, Resident #1 stated, "No." When asked if he wanted the nursing staff to give him showers, Resident #1 stated, "Yes."</p> <p>On 02/10/2021 at approximately 2:00 p.m., call placed to Director of Nursing and requested copy of ADL Logs to show "Showers" and the Shower Schedule for Unit 2A.</p>	F 677	<p>2. Current residents that receive showers have the potential to be affected. Current residents offered and received a shower if desired 2/13/2021</p> <p>3. The Staff Development Coordinator (SDC) and or designee will educate the direct care staff regarding residents being offered and receiving showers completed by 3/1/2021.</p> <p>4. The Director of Clinical Service (DCS) and or designee will audit the shower schedule five times a week for two weeks, two times a week for four weeks, then monthly for two months. The DCS/designee will report observations to the Quality Assurance Performance Improvement Committee (QAPI) and revise the plan as necessary.</p>		

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F 677	<p>Continued From page 2</p> <p>On 02/10/2021 at approximately 4:15 p.m., received copy of Resident #1's ADL Log showing showers and 2 (two) Shower List for Unit 2A. Review of the 2 Shower List revealed one was labeled "Updated 2/10/21." Review of the 2A Shower List that "was not labeled as updated 2/10/21" revealed that Room 137A was scheduled for showers on 7 AM - 3 PM shift on Monday and Thursday. Review of the 2A Shower List "labeled as updated 2/10/21" revealed that Room 137A is scheduled for showers on 3 PM - 11 PM shift on Monday and Thursday.</p> <p>On 02/10/2021 Resident #1's ADL Logs were received and documentation reviewed. Review of documentation on scheduled shower days, 7 - 3 shift, for the period of 12/01/2020 through 12/31/2020 revealed the following: 1 shower given on 12/14/2020; Bed Bath given on 2 scheduled shower days - 12/07 and 12/28/2020; and 6 blank spaces, no documentation on the log for scheduled shower days - 12/03, 12/10, 12/17, 12/21, 12/24 and 12/31/2020. Review of documentation on scheduled shower days for 01/01/2021 through 01/31/2021 revealed the following: 1 shower given on 01/11/2021; Bed Bath given on 3 scheduled shower days 01/18, 01/21 and 01/25/2021; and 4 blank spaces, no documentation on the log for scheduled shower days 01/04, 01/07, 01/14 and 01/28/2021. Review of documentation on scheduled shower days, 7 - 3 shift, for the period of 02/01/2021 through 02/28/2021 revealed the following: 2 showers given - 02/03 and 02/10/2021; Bed Bath given on 3 scheduled shower days 02/01, 02/04 and 02/08/2021.</p> <p>On 02/11/2021 at 10:10 a.m., a phone interview</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>was conducted with Certified Nursing Assistant (CNA) #3. When asked how you know when a resident is supposed to have a shower, CNA #3 stated, "They write it down on the assignment and we have a shower sheet and it tells us which day the resident goes to the shower." When asked how often residents receive showers, CNA #3 stated, "Twice a week." When asked where you document that you gave the shower, CNA #3 stated, "We sign our initials on the shower sheet when showers, bed baths, or wipe downs are given and the nurses have to sign on it also." Discussed with CNA #3 that Resident #1's ADL Log was reviewed and the spaces on his scheduled shower days, 01/07, 1/14 and 01/28/2021 were blank, no documentation. When asked if Resident #1 received his showers on those days, CNA #3 stated, "I missed documenting in the kiosk but documented on the ledger at the nurses station. I gave him his shower on 01/07 and 01/14. There was one day that I did not give him his shower and that was on a Thursday, it would have been the 28th because he came in from dialysis and said he was tired and the 3-11 shift was supposed to give him his shower." When asked should you document on the ADL Log in the kiosk when you give a shower, CNA #3 stated, "Yes we are supposed to document on the ADL record as well."</p> <p>On 02/11/2021 at 10:20 a.m., review of Resident #1's ADL Log dated 01/28/2021, 3-11 shift, revealed that the space for documentation was blank.</p> <p>02/11/2021 at 10:25 a.m., a phone interview was conducted with CNA #4. When asked how you know when a resident's shower is scheduled, CNA #4 stated, "There's a book at the nurse's</p>	F 677			

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F 677	<p>Continued From page 4</p> <p>station that tells staff which resident gets a shower." When asked how often residents are supposed to get a shower, CNA #4 stated, "Not sure how often they are supposed to get one. I just look to see who is supposed to get one that day." Discussed with CNA #4 that Resident #1's ADL Log was reviewed and documentation revealed that the resident was given a bed bath on his scheduled shower days, 01/18, 01/21 and 01/25/2021. When asked why the resident was given a bed bath instead of a shower, CNA #4 stated, "Sometimes he refuses to take a shower and when he comes back from dialysis he gets tired." When asked do you report when a resident refuses a shower, CNA #4 stated, "Yes there is a place on the kiosk to document the resident refused the shower and document that bed bath was given."</p> <p>02/11/2021 at 10:30 a.m., review of Resident #1's ADL log did not evidence documentation that the resident refused showers on 01/18, 01/21 and 01/25/2021.</p> <p>A phone interview was conducted with CNA #2 on 02/11/2021 at 11:30 a.m. When asked how she is made aware when a resident is scheduled for a shower, CNA #2 stated, "I check the assignment book for the 7 - 3 shift." When asked if Resident #1 receives showers twice a week, CNA #2 stated, "He is scheduled for showers twice a week but he doesn't want the shower when he gets back from dialysis, so I won't be able to say." Discussed review of Resident #1's ADL Log in the kiosk and observation of blank spaces on scheduled shower days - 12/17, 12/21, 12/24 and 12/31/2020, no documentation. When asked if Resident #1 received showers on 12/17, 12/21, 12/24 and 12/31/2020, CNA #2 stated, "I did give</p>	F 677			

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F 677	<p>Continued From page 5</p> <p>him showers on days that weren't dialysis days but can't remember if he got his showers on his dialysis days." CNA #2 stated, "I will be honest, I don't have time to document." When asked what it means if it is not documented, CNA #2 stated, "It means it wasn't done."</p> <p>On 02/11/2021 at 1:50 p.m., a phone interview was conducted with the Director of Nursing. Review of Resident #1's ADL Log for showers was discussed with the Director of Nursing (DON) and when asked what an empty space on the ADL Log indicates, DON stated, "Somebody didn't document something." When asked should the staff document on the ADL Log when they complete the ADL, DON stated, "Yes." When asked what are your expectations of staff for providing showers for residents who are dependent upon staff for their care, DON stated, "That they offer the shower, give it and document if they refuse and report it to the charge nurse." Requested copy of facility policy and procedure on ADL's to include showers."</p> <p>On 02/11/2021 at 2:30 p.m., a phone interview was conducted with the DON and when asked if there are blank spaces on the ADL Log how do you know that the showers were given, DON stated, "Couple of places that the staff can sign on, they have a shower sheet but that has not been filled out completely that's why we are sending it to QAPI (Quality Assurance and Performance Improvement)." When asked what else can blank spaces indicate, DON stated, "It's not documented." When asked how you can validate that showers were given if it is not documented, DON stated, "Can't validate it if it's not written down."</p>	F 677			

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F 677	<p>Continued From page 6</p> <p>On 02/11/2021 at approximately 3:00 p.m., received copy of the facility policy and procedure for "Bathing/Showering." Review of policy and procedure revealed and is documented in part, as follows: Subject: Bathing/Showering Document Name: N-1130 Effective Date: 11/31/2014 Revision Date: 9/1/2017 Policy: Assistance with showering and bathing will be provided at least twice a week and PRN to cleanse and refresh the resident. The resident shall be asked on admission to establish a frequency schedule for bathing. This schedule will take precedence over the twice a week and PRN cleansing. The resident's frequency and preferences for bathing will be reviewed at least quarterly during care conference. Procedure: Identify Resident; Document in the medical record.</p> <p>On 02/11/2021 at 3:20 p.m., a phone interview was conducted with the DON and when asked how often a resident should be offered showers, DON stated, "Twice a week minimally and they can get one any time they want."</p> <p>On 02/11/2021 at approximately 3:25 p.m. at pre-exit meeting the Administrator and Director of Nursing was informed of the findings.</p> <p>Complaint Deficiency.</p> <p>The facility staff failed to ensure that Resident #1 was provided ADL Care to include removal of long facial hair.</p> <p>The findings included:</p> <p>2. Resident #1 was initially admitted to the facility</p>	F 677			

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F 677	<p>Continued From page 7</p> <p>on 04/28/2020. Resident #1 was discharged to the hospital 09/12/2020 and readmitted to the facility on 09/18/2020. Diagnosis included but were not limited to End Stage Renal Disease and Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side.</p> <p>Resident #1's Quarterly Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 11/13/2020 coded Resident #1 with a BIMS (Brief Interview for Mental Status) score of 11 indicating moderate cognitive impairment. In addition, the Minimum Data Set coded Resident #1 as requiring extensive assistance of 1 with dressing and personal hygiene, extensive assistance of 2 for bed mobility and transfer and total dependence of 2 with toilet use and bathing.</p> <p>On 02/09/2021 at 12:30 p.m., an interview was conducted with Resident #1 at his bedside in Room 137A. Resident #1 was observed to have long facial hair approximately 1 inch in length. When asked if the staff offer to shave him, Resident #1 stated, "No." When asked if he had asked the staff to shave him, Resident #1 stated, "No."</p> <p>On 02/09/2021 at approximately 12:45 p.m., an interview was conducted with Resident #1, when asked if he liked having a beard, Resident #1 stated, "No." CNA #2 present in room.</p> <p>On 02/09/2021 at approximately 1:00 p.m., returned to Resident #1's room. Resident #1 stated, "She is coming back to shave me." When asked who was coming back to shave him, was it the aide, Resident #1 stated, "Yes."</p>	F 677			

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F 677	<p>Continued From page 8</p> <p>On 02/09/2021 at approximately 2:00 p.m., observed Resident #1 and he was clean shaven.</p> <p>On 02/11/2021 at 1:50 p.m., a phone interview was conducted with the Director of Nursing. When asked what are your expectations of staff for providing shaving, grooming for residents who are dependent upon staff for their care, DON stated, "That they provide it." Requested copy of facility policy and procedure on ADL's to include showers. Facility unable to provide policy and procedure specific to ADL's.</p> <p>On 02/11/2021 at 2:30 p.m., a phone interview was conducted with the DON, when asked when should a resident be shaved, DON stated, "When they ask or they look like they need it."</p> <p>On 02/11/2021 at approximately 3:25 p.m. at pre-exit meeting the Administrator and Director of Nursing was informed of the findings.</p> <p>Complaint Deficiency.</p>	F 677			