

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0276	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/08/2021
NAME OF PROVIDER OR SUPPLIER COLONIAL HEALTH & REHAB CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1604 OLD DONATION PKWY VIRGINIA BEACH, VA 23454			
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F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 07/06/21 through 07/08/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 5 complaints were investigated during the survey (4 resident related complaints and 1 facility to facility related complaint). The census in this 90 licensed bed facility was 64 at the time of the survey. The survey sample consisted of 41 current Resident reviews and 3 closed record reviews.	F 000	12VAC5-371-40(C.10) Advance Directives Cross reference to F578 1. Resident #63, #9, #32 have had advanced directives process has been reviewed with resident/responsible party. Care plans and orders are updated to reflect resident choice. Resident #27, #22 no longer reside in facility. 2. Audit of current residents he potential to be affected by the same deficient practice. Areas of concern addressed. 3. Licensed nurses educated on the advanced directive process by administrator/designee. Education will be provided to agency and new employees during orientation. 4. Director of Nursing/designee will audit new admits and resident with a change of condition weekly for 12 weeks for advanced directives in place to include correct order and accurate care plan 5. Date of compliance- 8/9/21	8/9/21	
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 2. Resident #30 was admitted to the facility on 7/3/17 with diagnoses that included but were not limited to heart failure, peripheral vascular disease, neurogenic bladder, dementia without behavioral disturbance and quadriplegia. Resident #30's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 1/18/21. Resident #30 was coded as being moderately impaired in cognitive function, scoring 08 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #30 was coded as requiring extensive assistance from one staff member with personal hygiene and bathing. Resident #30 was coded as having impairments that affected ROM (Range of Motion) to his bilateral lower and upper extremities. On 7/6/21 at 2:50 p.m., an interview was	F 001	12VAC5-371-140.D.11 clinical Records Cross reference to F842 1. Resident #73 unable to correct practice for past occurrence. 2. Residents that receive meals by mouth have the potential for not having meal intake documented. Audit of meal consumption completed for 72 hours for trends and patterns. can't pg(2)		

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

[Signature]

TITLE

[Signature]

(X6) DATE

8/29/2021

STATE FORM

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If continuation sheet 1 of 9

AUG 03 2021

VDH/OLC

State of Virginia

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F 001	<p>Continued From page 1</p> <p>conducted with Resident #30. Resident #30 stated he hadn't received a shower in a long time but that he supposed it was because staff didn't bother with him much because he didn't get out of bed. When asked if Resident #30 wanted to shower, Resident #30 stated that he wanted a shower to wash his face and hair. Resident #30 stated that his face and hair were usually missed during a bed bath.</p> <p>Resident #30's ADL (Activity of Daily Living) care plan dated 12/30/21 documented the following: "(Name of Resident #30 requires extensive assistance with dressing and total assistance from staff with bathing and hygiene...(Name of Resident #30) will be assisted with bathing, dressing, personal hygiene over the next review period...(Name of Resident #30) will be provided bathing, dressing, and personal hygiene tasks by staff."</p> <p>Review of Resident #30's shower schedule revealed that he was scheduled to receive showers on Tuesday and Fridays 7 A to 7 p shift.</p> <p>Review of Resident #30's June and July 2021 ADL (Activities of Daily Living) log revealed no evidence of showers being given.</p> <p>Review of a bath/shower skin sheet revealed Resident #30 had refused a shower on 6/22/21. There was no further evidence of shower refusals in June and July 2021.</p> <p>There was no evidence on Resident #30's care plan of frequent refusals of showers.</p> <p>On 7/8/21 at 8:53 a.m., an interview was conducted with CNA (Certified Nursing Assistant) #3, Resident #30's CNA. CNA #3 stated that she</p>	F 001	<p>3. Nursing staff educated on determining meal percentages and documentation of meal intake by Director of nursing/designee. Education with agency and new hire nursing staff will be done with orientation.</p> <p>4. Director of Nursing/designee will audit meal intake documentation 5 times a week for 12 weeks to ensure compliance with documentation. Results of audits to QAPI committee monthly X 3 for review and revision as needed.</p> <p>5. Date of Compliance: 8-6-2021</p> <p>12VAC5-371-150 (B.1.) Resident Rights Cross reference to F563</p> <p>1. Resident #73 no longer resides in facility.</p> <p>2. Residents with a change in condition or decline have the potential to not receive compassionate care visit. Review of clinical record for last 48 hours for any change of condition or decline for concerns regarding visitation.</p> <p>3. Interdisciplinary team has been educated on compassionate care visits by Director of Nursing/designee. Education will be provided to agency staff and new employees during orientation.</p> <p>4. Director of Nursing/designee will audit and review residents with change in condition/decline to determine the need for compassion care visits weekly for 12 weeks. Results of audits taken to QAPI committee monthly X 3 for review and revision as needed.</p>	

8/9/21

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F 001	<p>Continued From page 2</p> <p>was agency and had only been working with Resident #30 for two days. When asked how often showers were supposed to be offered, CNA #3 stated that it was supposed to be twice weekly but that all her assigned residents had been telling her that they hadn't been showered in months. CNA #3 stated that if a resident refuses a shower, they are supposed to receive a full head to toe bed bath. CNA #3 stated that you could tell by Resident #30's skin that he hadn't been showered in awhile. CNA #3 stated that appeared to have dry flaky skin on his feet, hands etc. CNA #3 stated that she had worked with Resident #30 on Tuesday and Wednesday but was not aware of his scheduled shower days. CNA #3 stated that she told the resident today that next time she has him she will get him in the shower and wash him up good. CNA #3 stated that was not oriented to her residents prior to picking up her assignment on Tuesday and she did not have access to the Kardex or the computer system both days to determine what each resident needed. CNA #3 stated that her code to access PCC (Computer System) was not working and that it was not functional until that day (Thursday 7/8/21). CNA #3 stated that if a resident refuses a shower, she will first explain to them why a shower is so important. If she cannot convince them; she would alert the nurse and document the refusal. CNA #3 stated that it should be documented each time a resident refuses a shower.</p> <p>On 7/8/21 at 4:07 p.m., ASM (Administrative Staff Member) #1, the Administrator, ASM #2, the DON (Director of Nursing), and ASM #3 the corporate nurse were made aware of the above concerns.</p> <p>Facility policy titled, "Morning/AM Care" documented in part, the following: "Morning Care</p>	F 001	<p>12VAC5-371-220.B Nursing Services Cross Reference to F684</p> <p>1. Resident #35 had complete skin assessment for any skin concerns. Areas identified, treatment and place and care plan is current and accurate.</p> <p>2. Current residents have the potential to be affected by this deficient practice. Skin checks completed on current residents for any areas and addressed as needed.</p> <p>3. Nursing staff educated on skin and wound process to include, recognition, documentation and treatments by Director of Nursing/designee. Education will be completed for agency and new nursing employees upon hire.</p> <p>4. Director of Nursing/designee will review weekly skin checks and new admissions for any new areas, current wounds(for treatment and measurements weekly for 12 weeks to ensure skin issues and treatments are done timely and appropriately. Results of audits to QAPI commit monthly X 3 for review and revisions as needed.</p> <p>5. Date of compliance:</p>		<p>8/9/21</p>

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F 001	<p>Continued From page 3</p> <p>will be offered each day to promote resident comfort, cleanliness, grooming, and general well being. Residents who are capable of performing their own personal care are encouraged to do so but will be provided with setup assistance if needed. Procedure...provide bath/shower as indicated..."</p> <p>3. Resident #35 was admitted to the facility on 12/9/20 and readmitted on 2/16/21 with diagnoses that included but were not limited to chronic heart failure, spinal stenosis, and chronic embolism and thrombosis of unspecified deep veins of lower extremity (bilateral). Resident #35's most recent MDS (Minimum Data Set Assessment) was a quarterly assessment with an ARD (assessment reference date) of 5/20/21. Resident #35 was coded as being intact in cognitive function scoring 15 out of possible 15 on the BIMS (Brief Interview for Mental Status exam). Resident #35 was coded in G (Functional Status) as requiring total dependence on one staff with bed mobility, dressing, personal hygiene and bathing. Resident #35 was coded having impairments that affected ROM (Range of Motion) to his bilateral lower and upper extremities.</p> <p>On 7/6/21 at 3:32 p.m., Resident #35 had voiced a concern that he did not think he received any showers since he had been in the facility. When asked if he would like a shower, Resident #35 stated, "Who the hell wouldn't? I am a human being." Resident #35 stated that receiving a bed bath did not feel the same as a shower. Resident #35 stated that his hospice aide comes on Tuesdays, Wednesdays and Fridays but that he is also only given a bed bath by his aide.</p>	F 00	<p>12VAC5-371-220 C.1. Nursing Services Cross Reference to F686, F689</p> <p>1. Resident #35 complete skin assessment for any skin concerns. Areas identified, treatment in place and care plan is current and accurate.</p> <p>Resident #49 was evaluated for appropriateness of sit to stand lift and resident #37 bedside mats were placed down while resident in bed. Care plans reviewed and are current with plan of care.</p> <p>2. Current residents have the potential to be affected by this deficient practice. Skin checks completed on current residents for any areas and addressed as needed.</p> <p>Residents with falls have potential to be affected by deficient practice; residents with falls since 7/1/2021 reviewed for appropriate interventions.</p> <p>Residents with greater than minimal assist for transfers were assessed for appropriate transfer method to include appropriate lift if needed.</p> <p>3. Nursing staff educated on skin and wound process to include; recognition, documentation and treatments by Director of Nursing/designee. Agency and new hired nursing staff will be educated on hire.</p> <p>Nursing staff educated on appropriate use of lifts by rehab director/designee. Nursing educated on fall interventions and ensuring in place by Director of Nursing/designee. Agency and new hired nursing staff educated on hire.</p>		

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F 001	<p>Continued From page 4</p> <p>Review of Resident #35's shower schedule reviewed that he was to receive showers on Mondays and Thursdays 7P to & 7A shift.</p> <p>Review of Resident #35's ADL (Activity of Daily Living) care plan dated 12/30/20 and revised 4/3/21 documented the following: "(Name of Resident #35 requires total assist with ADL care tasks...(Name of Resident #35) will be provided ADL care by staff over the next review period...Staff will provide activities of daily living, dressing, grooming, toileting, feeding, oral care."</p> <p>Review of Resident #35's January through July 2021 ADL logs revealed no evidence that a shower was offered, given or refused.</p> <p>Review of Resident #35's skin sheets revealed that Resident #35 refused a shower on the following shower days:</p> <p>5/10/21, 5/17/21, 4/26/21, 4/22/21, 4/19/21, 4/12/21 and 3/29/21.</p> <p>There was no further evidence of shower refusals.</p> <p>On 7/8/21 at 8:53 a.m., an interview was conducted with CNA (Certified Nursing Assistant) #3, Resident #35's CNA. CNA #3 stated that she was agency and had only been working with Resident #35 for two days. When asked how often showers were supposed to be offered, CNA #3 stated that it was supposed to be twice weekly but that all her assigned residents had been telling her that they hadn't been showered in months. CNA #3 stated that if a resident refuses a shower, they are supposed to receive a full head to toe bed bath. CNA #3 stated that was not</p>	F 001	<p>4. Director of Nursing/designee will review new admissions and weekly skin checks for any new areas, current wounds(for treatment and measurements) for 12 weeks to ensure skin issues and treatments are done timely and appropriately.</p> <p>Rehab director/designee will audit 5 residents weekly for 12 weeks to ensure appropriate transfer. Director of Nursing/designee to audit 5 residents to ensure fall interventions are in place care planned appropriately.</p> <p>Results of audits to QAPI committee monthly X 3 for review and revision as needed.</p> <p>5. Date of Compliance: 8/9/21</p>	

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F 001	<p>Continued From page 5</p> <p>oriented to her residents prior to picking up her assignment on Tuesday and she did not have access to the Kardex or the computer system both days to determine what each resident needed. CNA #3 stated that her code to access PCC (Computer System) was not working and that it was not functional until that day (Thursday 7/8/21). CNA #3 stated that if a resident refuses a shower, she will first explain to them why a shower is so important. If she cannot convince them; she would alert the nurse and document the refusal. CNA #3 stated that it should be documented each time a resident refuses a shower.</p> <p>On 7/8/21 at 9:23 a.m., an interview was conducted with CNA #5, a CNA who frequently worked with Resident #35. When asked how often residents were offered and provided showers, CNA #5 stated that showers were supposed to be offered 2 x weekly on their set shower day or as needed. When asked if showers were given were supposed to be documented, CNA #5 stated that they should be documented on the ADL sheet. CNA #5 stated that every refusal should also be documented. CNA #5 did recall a time where Resident #35 was refusing showers a lot. When asked if showers still need to be offered on every shower day to a resident who has a history of frequently refusing; CNA #5 stated that they should be. CNA #5 stated that the hospice aide also comes in every Monday, Wednesdays and Fridays she believed but couldn't recall the exact schedule. When asked if facility aides were required to pick up his bathing/shower care when hospice was not in the building; CNA #5 stated, "yes."</p> <p>On 7/8/21 at 4:07 p.m., ASM (Administrative Staff Member) #1, the Administrator, ASM #2, the DON</p>	F 001	<p>12VAC 5-371-220 (F) Cross reference to F677</p> <p>1. Resident #25 has received hair care, Residents #67, #22, #30 have received nail care. Residents #30, #35 and #63 have been offered showers.</p> <p>2. Current residents have the potential to be affected by this deficient practice. Audit completed for residents for any resident requiring nail and hair care and shower concerns. Areas of concern addressed.</p> <p>3. Nursing staff educated on providing nail and hair care and showers for residents by Director of Nursing/designee. Education will be provided to agency and new nursing staff as part of orientation.</p> <p>4. Unit Manager/designee will observe 5 residents weekly for 12 weeks to ensure nail and hair care and showers P are provided. Results of audits will be taken to QAPI committee monthly X 3 for review and revision as needed.</p> <p>5. Date of compliance: 8/9/21</p>		

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F 001	<p>Continued From page 6</p> <p>(Director of Nursing), and ASM #3 the corporate nurse were made aware of the above concerns.</p> <p>12 VAC 5-371-220 (F). Quality of Life. ADL Care Provided for Dependent Residents Under section (F). Each resident shall receive tub or shower baths as often as needed, but not less than twice weekly.</p> <p>Based on resident interview, staff interviews and clinical record review the facility staff failed to provide personal care to include showers for 1 of 41 residents (Resident #63) in the survey sample who was unable to independently carry out activities of daily living (ADL's).</p> <p>The findings included:</p> <p>Resident #63 was originally admitted to the nursing facility on 03/11/21. Diagnosis for Resident #63 included but not limited to Acute Upper Respiratory Infection. Resident #63's Minimum Data Set (MDS-an assessment protocol) a significant change assessment with an Assessment Reference Date (ARD) of 06/15/21 coded Resident #63 a 15 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating no impaired cognitive skills for daily decision-making. In addition, the MDS coded Resident #63 total dependence of one with bathing, activity only occurred once or twice with personal hygiene and dressing, extensive assistance of two with bed mobility and transfer and extensive assistance of one with toilet use.</p> <p>An interview was conducted with Resident #63 on 07/06/21 at approximately 12:36 p.m., who</p>	F 001	<p>12VAC5-371-250 (G) Transfer and Discharge</p> <p>Cross reference to F622</p> <p>1. Resident #27 no longer resides in facility.</p> <p>2. Residents transferred to the hospital have the potential to be affected by this deficient practice. Audit of resident hospital transfers since 7/1/2021 for completion of transfer process for any trends and patterns.</p> <p>3. Licensed nursing staff educated on hospital transfer/discharge process by Director of Nursing/designee. Education will be provided to agency and new licensed nurses during orientation.</p> <p>4. Director of Nursing/designee will audit transfer/discharges to hospital 5 times a week for 12 week s for compliance with hospital transfer/discharge process. Results of audit will be taken to QAPI committee monthly X 3 for review and revision as needed.</p> <p>5. Date of Compliance:</p>	09/9/21

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F 001	<p>Continued From page 7</p> <p>stated, "I may get a shower once a week but never twice a week." Resident #63 said, I would love to have a shower every day but twice a week works." When asked, "When are your shower days, she replied, "I have no idea, no one has ever told me."</p> <p>Resident #63's showers were scheduled in June 2021 to be given every Monday and Thursday (7a-7p). Review of Resident 63's Documentation Survey Report for bathing revealed the following: Showers were not given on the following shower days: June 2021 (06/03, 06/07, 06/10, 06/21, 06/24/21).</p> <p>An interview was conducted with License Practical Nurse (LPN #1) on 07/08/21 at approximately 2:10 p.m. LPN #1 worked as a Certified Nursing Assistant (CNA) on 06/24/21 and 06/28/21 (Resident #63's) shower days. The LPN stated, "Resident #63 refused her shower on the days mentioned." When asked if she document the refusal, she first replied, "Yes, the said no, I do not believe so." When asked, what is the process when a resident refuse their shower, she replied, "The nurse is to speak with the resident and document the refusal in their clinical record but because I worked as a CNA, I should have notified her nurse and I should have documented the refusal in Point Clint Care; which I did not."</p> <p>A pre-exit conference was conducted with the Administrator, Director of Nursing (DON) and Regional Director of Clinical Services on 07/09/21 at approximately 2:40 p.m. The DON stated, "Residents are to get showers twice a week and more often if requested; we try to accommodate". She said if Resident #63 refused her showers, the CNA is to report the refusal to the nurse, the</p>	F 001	<p>12VAC5-371-250 (I) Cross reference to F657</p> <p>1. Resident #35 has received a care plan invitation for care plan meeting scheduled on 8/18/2021</p> <p>2. Current residents have the potential to be affected by this deficient practice. An audit of scheduled care plan meetings since 7/1/2021 for any concerns regarding invitation.</p> <p>3. MDS nurse and social service director educated on ensuring each resident and responsible party receive invitation to their scheduled care plan meeting by DON/designee. Any agency or new staff hired for MDS or social service department will be educated upon hire.</p> <p>4. Administrator/designee will audit weekly for 12 weeks residents scheduled for care plan meetings to ensure residents/responsible parties have been invited to attend. Results of audits will be taken to QAPI committee monthly X 3 for review and revision as needed.</p> <p>5. Date of compliance:</p>	8/9/21

If continuation sheet 9 of 9