

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2021
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NAME OF PROVIDER OR SUPPLIER THE NEWPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 11141 WARWICK BLVD NEWPORT NEWS, VA 23601
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(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 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 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 24 residents (Resident #26) in the survey sample who was unable to independently carry out activities of daily living (ADL's).</p> <p>The findings included:</p> <p>The facility staff failed to ensure Resident #26 was offered and provided a scheduled twice-weekly showers to maintain good personal hygiene. Resident #26 was originally admitted to the facility on 04/01/21. Diagnosis for Resident #26 included but are not limited to muscle weakness. Resident #26's Minimum Data Set (MDS-an assessment protocol) a 14-day assessment with an Assessment Reference Date of 04/06/21 coded the resident with an 15 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating no cognitive impairment. In addition, the MDS coded Resident #26 extensive assistance of one with bathing and limited assistance with supervision with bed mobility, transfer, toilet use, dressing and personal hygiene.</p> <p>Resident #26' comprehensive care plan with a created date of 04/20/21 documented Resident</p>	F 001	<ol style="list-style-type: none"> 1. Resident #26 was provided with her scheduled shower on 4/23/2021. 2. The shower records for all residents will be reviewed for the past week to ensure the records accurately reflect that a resident was being offered a shower twice weekly. Any variances identified will be corrected. 3. The Assistant Director of Nursing/designee will in-service the CNAs on ensuring that a resident is offered a shower at least twice weekly and accurate and timely documentation of showers. The Charge Nurse/designee will review the daily ADL documentation at the end of each shift to ensure the records accurately reflect any bathing activity resident has received. 4. The Assistant Director of Nursing/designee will review the shower records weekly for six weeks to ensure twice weekly showers are being performed or offered to a resident. The Director of Nursing/Designee will identify any patterns or trends and report results to the Quality Assurance and Performance Improvement Committee at least quarterly 	5/28/21

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

TITLE

(X6) DATE

Electronically Signed

05/06/21

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F 001	<p>Continued From page 1</p> <p>#26 requires assistance with bathing. The goal: will be bathe/showered with the assistance of 1-2 people. One of the interventions to manage goal include bathe/shower resident using lift/transfer device.</p> <p>A phone interview was conducted with Resident #26 on 04/20/21 at approximately 4:18 p.m. Resident #26 stated, "I may get a shower once a week but definitely not twice a week." Resident #26's said she has never refused a shower and staff don't offer. When asked if she wanted bi-weekly showers, she replied, "Yes, I would like to get a shower at least twice a week, if possible."</p> <p>Resident #26 showers are scheduled to be given twice weekly every Wednesday and Saturday (7-3 shift.) Review of Resident 26's Data Collection Worksheet for bathing revealed the following: Showers were not given on the following shower days: April 2021 (04/03, 04/07, 04/14 and 04/21/21.)</p> <p>An interview was conducted with Certified Nursing Assistant (CNA) #1 on 04/22/21 at approximately 10:13 a.m. CNA #1 was assigned to provide showers to Resident #26 on (04/03, 04/07, 04/14 and 04/21/21.) The bathing worksheet was reviewed with CNA #1. After reviewing the bathing worksheet with CNA #1, she stated, "To be honest, I did give Resident #26 her showers on all the days mentioned but I probably just forgot to chart or was too busy to chart." When asked, "What is the reason for charting showers" she replied, "To prove showers were given but by me not charting, there is no way to prove Resident #26 received her showers twice a week."</p> <p>On 04/22/21 at approximately 10:40 a.m., an</p>	F 001		

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F 001	<p>Continued From page 2</p> <p>interview was conducted with Assistant Director of Nursing (ADON.) The ADON said showers are to be given twice a week and bed baths on non-shower days. She said if the resident refuse their shower, the refusal is to be documented. She said if the refusal is not document and not signed off on the shower worksheet as being given then you have to assume the showers was not given.</p> <p>The Administrator, Director of Nursing, Assistant Director of Nursing and Cooperate Nurse were informed during the debriefing on 04/22/21 at approximately 5:40 p.m. The facility did not present any further information about the findings.</p> <p>The facility's policy titled Tub or Shower Bath (Revision date: 03/23/15.) Policy: Residents should receive a tub or shower bath at least twice weekly.</p> <p>Dental Services -F-Tag 791</p> <p>Dental Services- Cross Reference 12-VAC 5 371-320-A</p>	F 001		

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F 001	<p>Continued From page 3</p> <p>12 VAC 5-371-220 (A) & (B). Nursing Services. Cross Reference to F-695.</p> <p>12VAC5-371-360. Clinical records. Cross reference to F-842.</p> <p>12VAC5-371-180. Infection control. Cross reference to F-880.</p>	F 001		