

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2021
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NAME OF PROVIDER OR SUPPLIER NORTHAMPTON CONVALESCENT AND REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 1028 TOPPING LANE HAMPTON, VA 23666
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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 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 4/27/21 through 4/29/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 70 licensed bed facility was 62 at the time of the survey. The survey sample consisted of 28 current Resident reviews and closed record reviews.</p>	F 000		
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 5-371-150. Resident Rights:</p> <p>Based on staff interview and clinical record review the facility staff failed to ensure 2 of 28 residents in the survey sample, (Resident #3, Resident #21) was provided information on how to access the Sex Offender Registry prior to their admission.</p> <p>The Findings included:</p> <p>Resident #3 was admitted to the facility on 01/29/2021. Diagnosis included but were not limited to, Urinary Tract Infection and Vascular Dementia Without Behavioral Disturbance. Resident #3's Admission Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 02/04/2021 was coded with a BIMS (Brief Interview for Mental Status) score of 14 indicating no cognitive impairment. In</p>	F 001	<p>12 VAC 5-371-150. Resident Rights The date of completion serves as my allegation of compliance.</p> <p>1. On 04/16/2021 R3 and R21 received and signed the Resident Rights that contained information regarding how to access the Sex Offender Registry.</p> <p>2. All current resident's admission paperwork was reviewed to ensure that each resident had a signed copy of the resident rights that contained the information regarding how to access the Sex Offender Registry. Any resident found to be without an acknowledged Resident Rights had another one acknowledged and/or signed.</p> <p>3. The admissions and social services, will be educated on the importance of providing the Resident Rights, which</p>	6/10/21

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

TITLE

(X6) DATE

Electronically Signed

05/28/21

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F 001	<p>Continued From page 1</p> <p>addition, the Minimum Data Set coded Resident #3 as requiring supervision with assistance of 1 for eating and personal hygiene, extensive assistance of 1 for bed mobility, dressing and toilet use, extensive assistance of 2 for transfer and total dependence of 1 for bathing.</p> <p>Resident #21 was initially admitted to the facility on 09/18/2020. Resident #21's most recent discharge was on 11/13/2020 to another nursing home and readmitted to the facility on 11/27/2020. Diagnosis included but were not limited to, Type 2 Diabetes Mellitus Without Complications and Gout. Resident #21's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 02/23/2021 was coded with a BIMS (Brief Interview for Mental Status) score of 15 indicating no cognitive impairment. In addition, the Minimum Data Set coded Resident #21 as requiring supervision with setup help only for eating and personal hygiene, limited assistance of 1 for bed mobility and toilet use, extensive assistance of 1 for dressing, extensive assistance of 2 for transfer and total dependence of 1 for bathing.</p> <p>On 04/29/2021 at approximately 10:00 a.m., requested evidence that Resident #3 and Resident #21 was each provided information on how to access the Sex Offender Registry prior to admission and had a signed acknowledgement from each resident that the Resident received notification.</p> <p>On 04/29/2021 at approximately 11:30 a.m., received copy of Virginia Health Services Resident's Rights VHS (Virginia Health Services) 113011 for Resident #3. Review of Resident's Rights revealed the following: 39 Residents may</p>	F 001	<p>contain information on how to access the Sex Offender Registry, prior to admission.</p> <p>4. Assistant Administrator/Designee will review 20% of new admissions weekly for 8 weeks, to ensure that the Resident Rights, which contain information regarding how to access the Sex Offender Registry, are acknowledged/signed. The Assistant Administrator/designee will review the audit results for any patterns or trends and report any findings to our Quality Assurance Performance Improvement Committee.</p> <p>5. June 10, 2021</p> <p>15012 VAC 5-371-220 (F). Quality of Life. ADL Care Provided for Dependent Residents The date of completion serves as my allegation of compliance.</p> <p>1. Resident # 35 received a shower on 4/30/21 and resident # 24 was offered a shower on 4/30/21 and stated she prefers to have bed baths. The resident's care plan was updated with her preference.</p> <p>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.</p> <p>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</p>	
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F 001	<p>Continued From page 2</p> <p>access the Virginia Sex Offender registry at http://sex-offender.vsp.virginia.gov/sor/. Information regarding sex offenders may be obtained either electronically or by mail. You should exercise whatever due diligence you feel necessary with respect to the information on sexual offenders who appear on the registry. Specific questions, concerns or assistance with the registry should be directed to the facility's social worker.</p> <p>I have read, or had explained to me and understand, my rights as a Virginia Health Services Resident, and I have received a copy of these rights for my future reference. I have no further questions with regard to my rights as a Virginia Health Services Resident.</p> <p>(Resident Name) Resident; (Resident Name / signature) Resident Representative; (Assistant Administrator Name) Administration Witness; 4/29/2021 Date. When asked was the resident informed on how to access the Sex Offender Registry prior to admission, Assistant Administrator stated, "No." Reviewed Resident #3's signed Resident's Rights with Assistant Administrator. When asked was information on how to access the Sex Offender Registry reviewed with the resident today, Assistant Administrator stated, "Yes."</p> <p>On 04/29/2021 at approximately 11:30 a.m., facility was unable to provide a signed acknowledgement evidencing that Resident #21 received notification on how to access the Sex Offender Registry.</p> <p>The Administrator and Director of Nursing was made aware of the finding at the pre-exit meeting on 04/29/2021 at approximately 6:00 p.m. When asked should each Resident / Resident Representative be provided information on how</p>	F 001	<p>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.</p> <p>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</p> <p>5. 6/10/2021</p> <p>12 VAC 5-371-150 (C) and (D) and (E) F578 The date of completion serves as my allegation of compliance.</p> <p>1. Staff spoke with resident #53 on 4/29/21 to confirm directive, POST form completed to ensure clear documentation of resident wishes.</p> <p>2. Social Worker/ designee completed facility wide audit to ensure advanced care planning has been reviewed with each resident and/or representative and documented in the medical record.</p> <p>3. Provide education on how to promote appropriate conversation and provide education to residents and representatives. Initiate check list as a reminder to address advanced care</p>	
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F 001	<p>Continued From page 3</p> <p>to access the Sex Offender Registry, Administrator stated, "Yes." When asked was a signed acknowledgement that the resident received notification on how to access the Sex Offender Registry obtained, Administrator stated, "Don't know." When asked what are your expectations of staff, Administrator stated, "We have a centralized admissions office for Sex Offender process prior to admission. Review Resident Rights and get signed acknowledgement." No further information was provided about the finding.</p> <p>12 VAC 5-371-150</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 2 of 28 residents (Resident #35 and 24) in the survey sample who was unable to independently carry out activities of daily living (ADL's).</p> <p>The findings included:</p> <p>1. The facility staff failed to ensure Resident #35 was offered and provided her scheduled twice-weekly showers. Resident #35 was originally admitted to the facility 11/23/05. Diagnosis for Resident #35 included but not limited to muscle weakness and contracture to the left upper arm. Resident #35's Minimum Data Set (MDS-an assessment protocol) a quarterly</p>	F 001	<p>planning and complete Advanced Care Planning form for each new admit, with comprehensive MDS and with any change in condition. Update nursing admission assessment to include code status review.</p> <p>4. The Administrator/Designee will conduct a weekly review of clinical record for all new admits for 6 weeks to ensure completion of the advance directive assessment form. Any issue noted will be corrected immediately and trends will be reported to our Quality Assurance and Performance Improvement Committee at least quarterly</p> <p>5. June 10, 2021</p> <p>F686 The date of completion serves as my allegation of compliance.</p> <p>1. Resident #43 has all appropriate pressure relieving devices in place to include a dedicated pillow between knees and heel float boots to be worn while in bed. Staff were immediately reeducated on the importance of ensuring these devices are in place for offloading and pressure reduction.</p> <p>2. The Assistant Director of Nursing/designee will review current residents with pressure areas and residents who have been identified as high risk for developing pressure areas, to ensure all appropriate prevention interventions are in place and reflected in the care plan accurately. The Assistant Director of Nursing/designee will educate</p>	
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F 001	<p>Continued From page 4</p> <p>assessment with an Assessment Reference Date of 03/10/21 coded a 03 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating severe impaired cognitive skills for daily decision-making.</p> <p>In addition, the MDS coded Resident #35 total dependence of one with bathing, extensive assistance of one with bed mobility, dressing, toilet use and personal hygiene for Activities of Daily Living (ADL) care.</p> <p>Resident #35's comprehensive care plan with a created date of 05/16/16 document Resident #35 refuses her showers when offered at times. The goal: will not experience preventative complications, or decline in condition related to refusal of care as ordered/care planned through next review. Some of the intervention included but not limited to: Resident prefers showers first thing in the morning; staff to attempt to accommodate resident preference in coordinating preferred time and staff to report refusals to charge nurse. The care plan also included to document resident's refusal for care in the medical record and notify the physician of persistent refusal of treatments, medications, and care.</p> <p>Resident #35 showers are scheduled to be given twice weekly every Tuesday and Friday (6:30-3p shift.) Review of Resident 35's Data Collection Worksheet for bathing revealed the following: Showers were not given on the following shower days: March 2021 (03/30/21) and April 2021 (04/09, 04/13, 04/16 and 04/27/21.)</p> <p>A phone interview was conducted with the Director of Nursing (DON) on 04/29/21 at approximately 10:52 a.m. The DON said</p>	F 001	<p>staff on the personalized interventions in place for each resident.</p> <p>3. RNs, LPNs and CNAs will be in-serviced by the Nursing Education and Training coordinator/designee on Pressure Area Prevention. The inservice will include but is not limited to a review of the Pressure Area Prevention Policy. Special focus will be given to positioning devices for offloading pressure to include use of pillows, heel float boots and pressure relief support surfaces.</p> <p>The Assistant Director of Nursing will communicate updates to the pressure relieving interventions to the nursing staff. The nurses will be in-serviced by the Assistant Director of Nursing/designee on where to find the pressure relieving interventions on the care plan, and the importance of communicating those interventions to the C.N.A.s.</p> <p>4. The Assistant Director of Nursing/Designee will observe 100% of residents on a weekly basis for six weeks to ensure pressure area prevention measures are in place.</p> <p>The Assistant Director of Nursing will review 20% of pressure area prevention and treatment care plans to ensure they accurately reflect the resident's current plan of care.</p> <p>The Director of Nursing will report any trends or patterns to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>5. June 10, 2021</p>	

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F 001	<p>Continued From page 5</p> <p>showers are to be given twice a week and bed baths on their non-showers days. She said if the resident refuse his/her shower, the Certified Nursing Assistant (CNA) is to report the refusal to the nurse; the nurse will speak with the resident and if the resident still refuses, the nurse will document their refusal in the clinical record. When asked if the CNA should also documented Resident #35's refusal of her showers, she replied, "Yes."</p> <p>During a phone interview with the DON on 04/29/21, a request was made to do a phone interview with CNA #2, CNA #3, and CNA #4, who were assigned to Resident #35 on the missed shower days in March and April 2021. The DON she will have the CNA's contact me away via phone; the staff never called."</p> <p>The facility's Administration team was informed of the finding during a debriefing on 04/29/21 at approximately 6:00 p.m. The DON was informed the CNA's never called, she replied, "I apologize, I was under the impression they had contacted you."</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>12 VAC 5-371-200. F Nursing Services cross references to F677.</p> <p>2. Resident #24 was admitted to the facility on 12/3/20 with diagnoses that included but were not limited to muscle weakness, type two diabetes mellitus, vascular dementia without behavioral</p>	F 001	<p>F 689</p> <p>The dates of completion serves as my allegation of compliance.</p> <p>1. Residents #41 and #355 have been re-evaluated for the need of bed/chair alarms and physician orders and plan of care updated accordingly. Resident #24 was confirmed to have the call bell functioning and within reach, and bed in the lowest position. Nursing staff caring for Residents # 41 and 355 have been reeducated on the importance of verifying the placement and functioning of chair and sensor alarms prior to documentation. Nursing staff caring for resident #24 have been reeducated on the importance of ensuring the call bell is within reach and the bed is in the lowest position according to the plan of care.</p> <p>2. All resident□s with current orders for alarms have been re-evaluated for bed/chair alarms, and their orders and plan of care updated accordingly. Any nurse assigned to a resident with a chair alarm will be responsible for verifying placement of the alarm prior to documenting on the treatment administration record. Residents who have had a fall in the past 30 days have been observed to ensure all care planned interventions to include bed in lowest position and call bell within reach are in place.</p> <p>3. The Assistant Director of Nursing /designee has in-serviced the nursing staff on proper placement and functioning of sensor mat alarms, including daily checks</p>	
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F 001	<p>Continued From page 6</p> <p>disturbance and hemiplegia of the left nondominant side. Resident #24's most recent MDS (Minimum Data Set) assessment was a significant change assessment with an ARD (Assessment Reference Date) of 3/2/21. Resident #24 was coded as being severely impaired in cognitive function scoring 03 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #24 was coded as being totally dependent on one staff member with personal hygiene and bathing.</p> <p>On 4/28/21 at 10:15 a.m., in an interview with a family member, a concern was expressed that the resident may not be getting her hair washed due to not receiving showers. This family member also stated that Resident #24 had refused showers on a few occasions.</p> <p>Review of Resident #24's current care plan revealed the following for ADLs: "ADL- has reacher (sic) her maximum functional potential and is at risk for decline.. Effective: 12/15/20 to Present...Have personal hygiene needs met in accordance with resident preference and need...Encourage Resident to take at least two showers/tub a week."</p> <p>Further review of Resident #24's care plan revealed another ADL care plan that documented the following: "(Name of Resident #24) has the potential for health and safety concerns related to ADL needs and mobility status...Effective: 12/15/20 to Present...Assist (Name of Resident #24) with bathing as needed."</p> <p>Review of the shower schedule revealed that Resident #24 was to receive showers on Wednesday and Saturday 2:30- 11:00 p.m.</p>	F 001	<p>with appropriate documentation. The Education and Training Coordinator/designee will in-service the nursing staff on the Fall Prevention Program (Professor Morse), to include interventions that should be in place for residents on the program (those at high risk for falling). Interventions include bed in lowest position, call bell within reach, fall mat, scoop mattress, etc.</p> <p>4. The Assistant Director of Nursing/ Designee will observe all residents with bed/chair alarms weekly for six weeks to ensure proper placement and functioning. The Assistant Director of Nursing will observe all residents on the Fall Prevention Program weekly for six weeks to ensure call bells are within reach and functioning, and their bed is in the lowest position. If any variances are identified, they will be investigated and/or corrected and responsible staff re-educated. The Director of Nursing/Designee will identify any patterns or trends and report them to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>5. June 10, 2021</p> <p>F 758 The date of completion serves as my allegation of compliance.</p> <p>1. Resident #35 was seen by the provider on 4/28/21. The provider has documented the rationale for continued use of the prn Ativan at this time as the resident continues to have episodic</p>	
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F 001	<p>Continued From page 7</p> <p>Review of Resident #24's bathing and shower log dated 12/2020 through 4/2020 revealed that Resident #24 refused showers on 3/3/21 and on 4/12/21. I was documented that a bed bath was given in place of a shower during those time.</p> <p>Further review of Resident #24's bathing/shower log failed to evidence that Resident #24 ever received a shower from 12/3/20 until 4/27/21.</p> <p>Further review of Resident #24's care plan and clinical record failed to evidence that Resident #24 frequently refused showers.</p> <p>On 4/29/21 at 2:05 p.m. an interview was conducted with Resident #24. Resident #24 stated that she normally receives a bed bath. Resident #24 stated that she does not get offered a shower. When asked if she would like to receive her showers, Resident #24 stated that she would only like her showers so her hair can be washed. Resident #24 stated that when she is given bed baths, her hair is not washed. When asked how long it has been since her hair was washed, Resident #24 stated; "It's been months." At the time of this interview and during the course of survey, Resident #24 had been wearing her wig over her hair.</p> <p>On 4/29/21 at 2:15 p.m., an interview was conducted with CNA (Certified Nursing Assistant) #1, a CNA who frequently worked with Resident #24. When asked if Resident #24 refuses showers, CNA #1 stated that Resident #24 refuses occasionally but not all the time. CNA #1 could not recall Resident #24's shower days. When asked if it should be documented on the clinical record if a resident refuses showers, CNA #1 stated that it should. CNA #1 stated that their was an option to document "Refused" and</p>	F 001	<p>behavioral outbursts that are unrelieved with non pharmacological interventions and requires medication administration periodically. The medication will be discontinued in six months and reevaluated for continued need.</p> <p>2. The Director of Nursing/Designee will complete a 100% audit of residents on psychotropic medications to ensure there is documentation for the clinical rationale and 14 day stop date of PRN psychotropic medications. If it is determined the provider believes it is appropriate for the PRN order to be extended beyond 14 days, the medical record will be updated, if needed, to ensure the rationale and duration of the order is documented.</p> <p>3. The Medical Director/Designee will educate the providers on the required clinical rationale and 14 day limitation of psychotropic medications. The inservice will include but is not limited to a review of the regulatory guidance for prescribing all psychotropic medications, duration of orders and requirements for documentation rationale for extending orders beyond 14 days for psychotropic medications. The Director of Nursing/Designee will inservice nursing staff regarding PRN psychotropic medications and importance of physician documentation of rationale and a stop date for prn orders.</p> <p>4. The Director of Nursing/Designee will review all new orders for PRN psychotropic medications for six weeks to</p>	
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F 001	<p>Continued From page 8</p> <p>"Received" etc. When asked if a resident's hair was washed if a bed bath was given, CNA #1 stated that hair was normally washed in the shower. When asked the last time she personally gave Resident #24 a shower, CNA #1 stated that it has been awhile since she had personally washed the resident in the shower or had washed her hair. CNA #1 stated that she normally worked 6:30 to 2:30 p.m. shift. (Day shift). When asked how would we determine that Resident #24 received a shower if it was not documented on her shower log, CNA #1 stated that she was not sure how to know.</p> <p>On 4/29/21 at 03:06 p.m., an interview was conducted with LPN (Licensed Practical Nurse) #1, Resident #24's nurse. When asked who was responsible for giving showers, LPN #1 stated the nursing aides were responsible for giving showers. When asked when Resident #24 was supposed to receive a shower, LPN #1 stated that she wasn't familiar with shower schedules; that the nursing aides would know that information. When asked if nursing aides should be documenting if showers are refused, LPN #1 stated "They should be." LPN #1 stated that if a resident refuses a shower, the nursing aides should be alerting the nurse so the nurse can encourage the resident to take a shower. LPN #1 stated some ways to encourage a resident would be saying things like, "Hey, lets try this new body wash" or "Lets go wash your hair." When asked if a resident refuses showers on multiple occasions if that would be documented on the care plan, LPN # 1 stated, "Yes. The care plan should be revised." When asked if Resident #24 refuses showers frequently, LPN #1 stated that the nursing aides had not told her that. When asked if nursing aides should be documenting when a resident receives a shower, LPN #1</p>	F 001	<p>ensure clinical rationale and a 14 day stop date is present. If the stop date is longer than 14 days, the audit will ensure documentation is present to reflect the rationale for extended use. Any concerns will be forwarded to the provider for appropriate follow-up. The Director of Nursing/designee will review the audit results for any patterns or trends and report any findings to our Quality Assurance Performance Improvement Committee on at least a quarterly basis.</p> <p>5. June 10, 2021</p> <p>12 VAC 5-371-210. (A) F657 The dates of completion serves as my allegation of compliance.</p> <p>1. The care plans for resident #26 and #43 were updated to reflect current plan of care. Resident #12 expired on 5/14/21.</p> <p>2. The care plans of current residents receiving hospice services have been reviewed and updated to ensure the comprehensive care plan reflects services provided. The care plan of any resident who has had or currently has an indwelling catheter present in the past 30 days has been updated to reflect the current status and the care plan of residents with pressure areas have been reviewed and updated as needed to ensure the care plan reflects the resident current interventions. New/Changed orders requiring a change to the resident plan of care will be reviewed and care plans</p>	
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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2021
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NAME OF PROVIDER OR SUPPLIER NORTHAMPTON CONVALESCENT AND REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 1028 TOPPING LANE HAMPTON, VA 23666
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F 001	<p>Continued From page 9</p> <p>stated, "They should be." When asked if hair can be washed while the resident is laying in the bed, LPN #1 stated, "We used to have shower caps that can be warmed up in the microwave that will sit on the resident's head or we use dry shampoo." When asked how we would know if Resident #24 received a shower if there was no evidence on the shower logs, LPN #1 stated that she wasn't sure.</p> <p>On 4/29/21 at 5:52 p.m., the facility Administrator and the DON (Director of Nursing) were made aware of the above concerns.</p> <p>12 VAC 5-371-150 (C) and (D) and (E). Resident Rights cross references to F578, F686, F689, F758</p> <p>12 VAC 5-371-210. A, 3 Nursing Staffing cross references to F657.</p> <p>12 VAC 5-371-250. Resident Assessment and Care Planning (F). Cross Reference F657.</p> <p>12 VAC 5-371-300. B Pharmaceutical Services cross references to F761.</p>	F 001	<p>updated accordingly on an ongoing basis by the Director of Nursing/Designee.</p> <p>3. The Director of Nursing /designee will reeducate the MDS team on the Care Plan revision process. The in-service will include but is not limited to a review of the Baseline and Comprehensive Care Plan Policy. Education will focus on the importance of ensuring care plans are updated with hospice services, orders changes that impact the plan of care such as the removal of an indwelling urinary catheter and interventions for the prevention and treatment of pressure areas.</p> <p>4. The Director of Nursing /designee will review 20% of residents with an order change weekly for six weeks. The review will ensure the care plan has been updated and revised to capture the change in the resident's personalized plan of care. The Director of Nursing/designee will identify any patterns or trends and report to the Quality Assurance and Performance Improvement Committee at least quarterly.</p> <p>5. June 10, 2021</p> <p>12 VAC 5-371-250 (F) F-657 The dates of completion serves as my allegation of compliance.</p> <p>1. The care plans for resident #26 and #43 were updated to reflect current plan of care. Resident #12 expired on 5/14/21.</p> <p>2. The care plans of current residents</p>	

State of Virginia

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NAME OF PROVIDER OR SUPPLIER NORTHAMPTON CONVALESCENT AND REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 1028 TOPPING LANE HAMPTON, VA 23666
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F 001	Continued From page 10	F 001	<p>receiving hospice services have been reviewed and updated to ensure the comprehensive care plan reflects services provided. The care plan of any resident who has had or currently has an indwelling catheter present in the past 30 days has been updated to reflect the current status and the care plan of residents with pressure areas have been reviewed and updated as needed to ensure the care plan reflects the resident current interventions. New/Changed orders requiring a change to the resident plan of care will be reviewed and care plans updated accordingly on an ongoing basis by the Director of Nursing/Designee.</p> <p>3. The Director of Nursing /designee will reeducate the MDS team on the Care Plan revision process. The in-service will include but is not limited to a review of the Baseline and Comprehensive Care Plan Policy. Education will focus on the importance of ensuring care plans are updated with hospice services, orders changes that impact the plan of care such as the removal of an indwelling urinary catheter and interventions for the prevention and treatment of pressure areas.</p> <p>4. The Director of Nursing /designee will review 20% of residents with an order change weekly for six weeks. The review will ensure the care plan has been updated and revised to capture the change in the resident's personalized plan of care. The Director of Nursing/designee will identify any patterns or trends and report to the Quality</p>	

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NAME OF PROVIDER OR SUPPLIER NORTHAMPTON CONVALESCENT AND REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 1028 TOPPING LANE HAMPTON, VA 23666
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F 001	Continued From page 11	F 001	<p>Assurance and Performance Improvement Committee at least quarterly.</p> <p>5. June 10, 2021</p> <p>12 VAC 5-371-300 (B) F761 -The date of completion serves as my allegation of compliance.</p> <ol style="list-style-type: none"> The CathFlo Activase was removed and discarded from refrigerator due to being expired, narcotic Ativan was placed in double lock container in refrigerator. All medication refrigerators have been inspected to ensure any expired medications have been removed and all narcotics are behind double lock system. The Director of Nursing/designee will in-service RNs and LPNs on the Storage and Expiration Dating of Medications, Biologicals, Syringes, and Needles. The in-service will include a review on checking medications for manufacturer expiration dates and/or use by dates and storage of controlled substances behind a double lock. The Director of Nursing/designee will inspect the medication refrigerators weekly for six weeks to ensure there are no expired medications are present and all controlled substances are behind double lock system. The Director of Nursing will report findings to the Quality Assurance and Assessment committee at least quarterly. <p>5. June 10, 2021</p>	

State of Virginia

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