

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
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NAME OF PROVIDER OR SUPPLIER CANTERBURY REHABILITATION & HEALTH CARE CE	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 CAMBRIDGE DRIVE RICHMOND, VA 23238
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 1/11/22 through 1/13/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 190 bed facility was 177 at the time of the survey. The survey sample consisted of 55 current resident reviews, and seven closed record reviews.</p> <p>Federal regs crosswalked with state regs:</p> <p>F-656 12 VAC 5-371-250 (G) resident assessment and care planning F-688 12 VAC 5-371-220 (C) (2) Nursing services F-695 12 VAC 5-371-220 (D) Nursing services F-730 12 VAC 5-371-260 (E) & (F) staff development</p> <p>State tag 12-VAC5-371-140 cited.</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: 12VAC5-371-140. Policies and procedures. Cross reference to F550, F623, F761, F880</p> <p>12VAC5-371-150. Resident rights. Cross reference to F550, F623</p> <p>12VAC5-371-180. Infection control. Cross reference to F880</p> <p>12VAC5-371-220. Nursing services.</p>	F 001	<p>F725 SS=E Sufficient Nursing Staffing</p> <p>CFR(s): 483.35(a)(1)(2)</p> <p>Resident # 162 was provided a shower after resident was post Covid status and moved from the COVID Unit.</p> <p>Residents who reside in Canterbury Rehab and Health Care have the potential to be affected by this practice. Shower Schedules will be reviewed to ensure scheduled per resident preference.</p> <p>Staffing Policy reviewed no revisions necessary. Labor Management meeting will be held Monday through Friday for the next three months and</p>	<p>2/8/2022</p>

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



TITLE

Administrator

(X6) DATE

2/4/2022

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F 001	<p>Continued From page 1</p> <p>Cross reference to F684</p> <p>12VAC5-371-250. Resident assessment and care planning. Cross reference to F656, F684</p> <p>12VAC5-371-300. Pharmaceutical services. Cross reference to F761</p> <p>Nurse Staffing 12VAC5-371-210B cross reference to F725.</p> <p>Resident Assessment and Care Planning 12VAC5-371-250F cross reference to F657.</p> <p>12VAC5-371-220F cross reference to F561</p> <p>Based on resident interview, staff interview, facility document review, and clinical record review it was determined that the facility staff failed to honor the preference for showers twice a week for one of 62 residents in the survey sample, Resident # 162.</p> <p>The findings include:</p> <p>Resident #162 was admitted to the facility with diagnoses that included but were not limited to: hemiplegia [1], muscle weakness and high blood pressure</p> <p>Resident # 162's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/29/2021, coded Resident # 162 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 162 was coded as requiring extensive assistance of two staff members for activities of daily living and being</p>	F 001	<p>ongoing with continued need. Weekly calls on recruitment with the corporate recruitment team will continue for the next three months and ongoing with continued need. Daily Labor Meeting will review staffing needs for the week in advance to identify areas lacking staff and develop a plan to ensure the facility is able to meet the needs of the residents. Showers will be reviewed by the Unit Manager to ensure residents are showered per preference weekly x 4 weeks and then Monthly x 2 months to ensure ongoing compliance with this process.</p> <p>Findings from the audit will be presented to the DON/Designee and submitted to QAPI monthly for review and recommendation.</p>	
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F 001	<p>Continued From page 2</p> <p>totally dependent of one staff member for bathing.</p> <p>On 01/11/2022 at approximately 1:56 p.m., an interview was conducted with Resident # 162. When asked if staff assist with showers, Resident # 162 stated that they are scheduled for showers on Wednesdays and Saturdays. Resident #162 stated, "I am supposed to get them twice a week but I'm not getting them." She stated it was her preference to take showers twice a week but stated that staff were not getting it done. She stated staff did give her sponge baths. When asked how not getting showers as scheduled made her feel Resident # 162 stated that they didn't feel clean.</p> <p>The comprehensive care plan for Resident # 162 dated 07/08/2021 documented in part, "Focus. I have an ADL [activities of daily living] Self Care Performance Deficit. Date Initiated: 07/08/2021." Under "Interventions" it documented in part, "BATHING: total of one. Date Initiated: 07/08/2021."</p> <p>The facility's "Kardex" for Resident # 162 dated 01/22/2022 documented in part, "Personal Hygiene. I require total assistance with personal hygiene care." Under "BATHING" it documented, "BATHING: total care."</p> <p>A review of Resident # 162's show sheets dated September 1, 2021 through December 31, 2021 revealed that Resident # 162 did receive a shower on 09/04/2021, 09/08/2021, 09/15/2021, 09/22/2021, 10/27/2021, 11/10/2021 and on 11/27/2021.</p> <p>On 01/12/2022 at approximately 11:01 a.m. an interview was conducted with LPN [licensed practical nurse] # 5, unit manager. When asked</p>	F 001		2/8/2022

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F 001	<p>Continued From page 3</p> <p>to describe the procedure for resident showers LPN # 5 stated, "Residents get a bed bath every day and we use a dry shampoo for their hair." When asked about Resident # 162's shower schedule and receiving showers LPN # 5 stated, "[Resident # 162] was scheduled for showers every Wednesday and Saturday on the 3:00 p.m. to 11:00 p.m. shift." When asked about Resident # 162 receiving showers as scheduled LPN # 5 stated that there were times when Resident # 162 refused a shower. When asked if they were aware of any concerns expressed by Resident # 162's family LPN # 5 stated, "Yes, because they missed one shower day and it was given the following day." When asked if they recalled the date LPN # 5 stated no.</p> <p>On 01/12/2022 at approximately 2:44 p.m. an interview was conducted with CNA [certified nursing assistant] # 1. When asked about Resident # 162 receiving showers, CNA # 1 stated that they did not regularly assist with Resident # 162's showers because they didn't always work the 3:00 p.m. to 11:00 p.m. shift. When asked about Resident # 162 not receiving a shower CNA # 1 stated, "One day we couldn't give [Resident # 162] a shower on her shower day because another staff member had called out and we were short staffed and [Resident # 162] requires two staff for transfers. I told her we would give her a shower the following day and we did. He wasn't happy about it but said it was okay."</p> <p>On 01/13/2022 at approximately 8:15 a.m. an interview was conducted with LPN [licensed practical nurse] # 5, unit manager. After reviewing Resident # 162's shower sheets dated September 2021 through December 2021, LPN # 5 was asked why Resident # 162 did not receive</p>	F 001		

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F 001	<p>Continued From page 4</p> <p>showers on the dates listed above. LPN # 5 stated, "I can't answer why."</p> <p>On 01/13/2022 at approximately 11:22 a.m. an interview was conducted with CNA [certified nursing assistant] # 3. When asked to describe the procedure for resident showers CNA # 3 stated, "Residents get a bed bath every day." When asked why a resident would not receive a shower on their scheduled shower day CNA # 3 stated, "We can't always give showers because we don't have enough staff."</p> <p>On 01/13/2022 at approximately 12:30 p.m. an interview was conducted with ASM [administrative staff member] # 2, director of nursing. After review of the bathing sheets for Resident # 162 dated September 2021 through December 2021, ASM # 2 was inform that Resident # 162 did not receive a shower or tub bath on the dates listed above. When asked if it was the resident's right to receive showers or tub baths twice a week ASM # 2 stated yes.</p> <p>On 01/13/2022 at approximately 2:15 p.m., ASM (administrative staff member) #1, administrator and ASM # 2, director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Reference: [1] Also called: Hemiplegia, Palsy, Paraplegia, Quadriplegia. Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. This</p>	F 001		
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F 001	<p>Continued From page 5</p> <p>information was obtained from the website: https://medlineplus.gov/paralysis.html...</p> <p>12VAC5-371-370 Cross reference to F909 Resident Activities 12VAC5-371-280 A cross reference to F679 and F656.</p> <p>Maintenance and housekeeping 12VAC5-371-370 A cross reference to F584.</p> <p>Resident assessment and care planning 12VAC5-371-250 I cross reference to F657.</p> <p>Resident assessment and care planning 12VAC5-371-250 A cross reference to F641.</p> <p>Support Services/Dietary and Food service program 12VAC5-371-340 A cross reference to F804 and F812.</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to evidence current professional licenses in accordance with the laws of the State of Virginia, for three of five CNA (certified nursing assistant) employee records reviewed.</p> <p>The findings included:</p> <p>On 1/12/22 at 4:40 PM, the CNA records were reviewed. Review of the employee records failed to produce evidence of current professional licenses in accordance with the laws of the State of Virginia, for three staff members.</p> <p>The employees identified were:</p>	F 001	<ol style="list-style-type: none"> 1. POC F-656 Cross Reference 12 VAC 5-371-250 2. POC F-688 Cross Reference 12 VAC 5-371-220 (C) (2) Nursing services 3. POC F-695 Cross Reference 12 VAC 5-371-220 (D) Nursing services 4. POC F-730 Cross Reference 12 VAC 5-371-260 (E) & 5. (F) staff development State tag 12-VAC5-371-140 cited. 6. POC F550, F623 Cross Reference 12VAC5-371-150 7. POC F880 Cross reference to 12VAC5-371-220, Nursing services, Cross Reference 12VAC5-371-180. Infection control. 8. POC F684 Cross reference to 12VAC5-371-250. Resident assessment and care planning. 9. POC F656, F684 Cross reference to 12VAC5-371-300. Pharmaceutical services. 10. POC F 761, F 725 Cross reference to Nurse Staffing 12VAC5-371-210B. 11. POC F 657 cross reference to 12VAC5-371-250F Resident Assessment and Care Planning 12. POC F561 Cross Reference to 12VAC5-371-220F 	2/8/2022

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F 001	<p>Continued From page 6</p> <p>CNA (certified nursing assistant) #5's employee record documented they were hired as a CNA with the facility on 4/9/19. Further review of CNA #5's employee record evidenced a primary source verification from the Virginia Department of Health Professionals for a certified nursing assistant with expiration date of 12/31/20. Further review of CNA #5's record failed to evidence any further primary source verification from the Virginia Department of Health Professionals. The license was pulled from the Department of Health Professionals web site on 1/12/22 at 6:35 PM after the CNA licensure had been requested from the facility.</p> <p>CNA (certified nursing assistant) #6's employee record documented they were hired as a CNA with the facility on 2/12/19. Further review of CNA #6's employee record evidenced a primary source verification from the Virginia Department of Health Professionals for a certified nursing assistant with expiration date of 10/31/20. Further review of CNA #6's record failed to evidence any further primary source verification from the Virginia Department of Health Professionals. The license was pulled from the Department of Health Professionals web site on 1/12/22 at 6:22 PM after the CNA licensure had been requested from the facility.</p> <p>CNA (certified nursing assistant) #7's employee record documented they were hired as a CNA with the facility on 8/11/20. Further review of CNA #5's employee record evidenced a primary source verification from the Virginia Department of Health Professionals for a certified nursing assistant with expiration date of 1/31/21. Further review of CNA #5's record failed to evidence any further primary source verification from the</p>	F 001		

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F 001	<p>Continued From page 7</p> <p>Virginia Department of Health Professionals. The license was pulled from the Department of Health Professionals web site on 1/12/22 at 6:41 PM after the CNA licensure had been requested from the facility.</p> <p>An interview was conducted on 1/13/22 at 9:15 AM with OSM (other staff member) #8, the director of human resources. When asked the process for ensuring staff have a current license, OSM #8 stated, "We get a list from corporate every month of whose license is expiring and corporate pulls them." When asked what evidence the facility has that the staff working in their facility has a current license, OSM #8 stated, "We do not keep any of that here."</p> <p>On 1/13/22 at approximately 12:20 PM, ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing were made aware of the findings of the employee record review.</p> <p>A request was made for a policy regarding new hires or licensure requirements and on 1/13/22 at 3:06 PM, ASM #1 stated, "We do not have any policy for new hires or licensure requirements."</p> <p>No further information was provided prior to exit.</p> <p>The state regulation 12VAC5-371-140 documented "E. Personnel policies and procedures shall include, but are not limited to: 3. An accurate and complete personnel record for each employee including: a. Verification of current professional license, registration, or certificate or completion of a required approved training course; b. Criminal record check; c. Verification that the employee has reviewed or received a copy of the job description ..."</p>	F 001		

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