PRINTED: 02/07/2022 **FORM APPROVED**

State of Virginia

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WING VA0179 01/18/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

5520 INDIAN RIVER ROAD

(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	Initial Comments	F 000	F602	
	An unannounced biennial State Licensure		1. Resident #277 no longer resides at	
	Inspection was conducted 01/11/22 through		the facility.	
	01/14/22 and 01/18/22. The facility was not in		2. All residents have the potential to be	
	compliance with the Virginia Rules and Regulations for the Licensure of Nursing		affected by this deficient practice.	
	Facilities. No complaints were investigated	-	Narcotic records and narcotic	
	during the survey.	-	medications were audited for any	
	The census in this 90 licensed bed facility was 75		discrepancies by Director of Nurses	
	at the time of the survey. The survey sample consisted of 37 current and closed Resident		1/19/2022.	
	reviews.			
			3. Licensed nursing staff have been re-	
F 001	Non Compliance	F 001	educated on documentation of narcotic	
	The facility was out of compliance with the		records, which includes receiving from	
	following state licensure requirements:		pharmacy, administering, process for	
	This RULE: is not met as evidenced by:		removing any discontinued narcotics	
	The facility staff was not in compliance with the		and on misappropriation the DON or	
	Rules and Regulations for the Licensure of		Designee. Newly hired licensed nurses	
	Nursing Facilities:		and agency nurses will be educated	
	COV32.1-126.01(A). Cross reference to F-602.		prior to providing resident care.	
	12VAC5-371-150 (B3). Resident Rights. Cross		4. The facility DON or designee will	
	reference to F-585.		visually validate and audit the accuracy	
	12VAC5-371-180. Infection Control. Cross		of 2 medication carts ,5 days a week for	
	reference to F-880.		12 weeks to verify narcotic records are	
	12VAC5-371-220 (B. C. F. and H). Nursing		accurate and completed. Results of	
	Services. Cross reference to F-580, F-677,		audits will be taken to the QAPI	
	F-685, F-686, F-690, F-692, F-881.		committee monthly for 3 months for	
	12VAC5-371-250 (F). Resident Assessment & Care Planning. Cross reference to F-637, F-655		review and revision as needed.	
	and F-656.		5. 2/17/2022	

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

(X6) DATE

STATE FORM

If continuation sheet 1 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ASSESSMENT OF THE PARTY OF THE	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.0 7.27.11		DEATH IOATION NOMBER.	A. BUILDING:		COMPLETED
		VA0179	B. WING		C 01/18/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
KEMPSVI	LLE HEALTH & REHAB (ENTER	N RIVER ROA BEACH, VA 23		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
F 001	12VAC5-371-300 (B). Cross reference to F- 12 VAC 5-371-140 (E 32.1-126.01 (A) Based on staff intervied ocumentation review obtain a criminal back Central Criminal Recordays of hire for 1 empty and the facility staff failed background check with Dietary Employee #3. The findings included On 1/11/22, a group in the Human Resource Facility Administrator for Dietary Employee "We conduct criminal sure that we are not hoffenders, or anyone to protect our resident criminal background chire". On 1/12/22, a review Dietary Employee #3 background check record the control of the Virging indicated, "Transaction Employee #3 was hire 11/24/20. On 1/12/22, the finding the control of the Virging indicated, "Transaction Employee #3 was hire 11/24/20.	Pharmaceutical services. 554 and F-761.)(3)(b) and COV § ew and facility of the facility staff failed to aground check with the ords Exchange within 30 alooyee, Dietary Employee employee records. It to obtain a criminal thin 30 days of hire for the triview was conducted with a service was conducted with a service with the who confirmed the hire date with the who confirmed the hire date with the who confirmed the hire date with the confirmed the hire date with the who confirmed the hire date with the check within 30 days of the conducted of the conducted with the check within 30 days of the conducted of the	F 001	1. Resident #279 no longer residence the center. The facility LNHA reviewed the past 30 days of grievance forms and met with facility department heads on 2/7/2022 to validate no outst grievances awaiting corrective action and/or written decision 2. All residents have the potent be affected. Review of grievance/concern forms for 30 days to ensure concerns been addressed; areas addressed areas addressed. 3. The facility staff and departing heads have been educated a grievance process and person property policy by the DON designee. 4. The facility LNHA or designed review grievances 5x per well 2 weeks to ensure addressed timely. Results of audits with taken to the QAPI committed monthly for 3 months for read and revision as needed. 5. 2/17/2022	anding e n. tial to r past have essed as ment on the onal or ee will eek for sed Il be

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D MINO		С
		VA0179	B. WING		01/18/2022
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST		
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F 001	Administrator who state locate any results for Check that was submed Employee #3, therefor confirmed Dietary Embackground status. Review of the facility's Resident Abuse Policity 5/26/2021, subheading item 1 read, "It is the undertake background and to retain on file all employees regarding Facility will do the following employeesiv. Condicheck in accordance in policy". No further information Cross-reference to F-12 VAC 5-371-210 (EBased on staff interview verify the professional direct resident care, for nurse, LPN #2, in a size records reviewed. The facility staff failed license was active and	atted they were unable to the Criminal Background itted on 11/23/20 for Dietary re, facility staff have not aployee #3's criminal spolicy entitled, "Virginia y", last revision date gg, "ProcedureScreening", policy of the Facility to dietecks of all employees applicable records of current such checksa. The owing prior to hiring a new fuct a criminal background with State law and Facility was provided. 607 (a) (b) (c) (c) (c) (d) (e) (e) (e) (e) (e) (f) (f) (f	F 001	1. No known resident was affected deficient practice. The involved staff member was immediately educated on completing the screening tool accurately and completely. 2. All residents have the potential be affected by deficient praction. The facility administrator reviews creen logs 1/13/2022 to valid completeness. 3. The Nursing staff were educated screening process with emphasis of importance of completing form in entirety and for all individuals entirety and staff and agent staff prior to working on the floor. 4. Medical Records/designee will review and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. Staff prior to working on the floor. Staff prior to working on the floor. All individuals entirety and audit daily screening so the floor. Staff prior to working on the floor. All individuals entirety and audit daily screening so the floor. Staff prior to working on the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and audit daily screening so the floor. All individuals entirety and screening so the floor. All individuals entirety and screening so the floor. All individuals entirety and screening so the floor.	al to ce. ewed date d on on the ering his will heets ate gnee day, idate t

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		B. WING		C 01/18/2022	
	Continued From page On 1/12/22, a review record was conducted	STREET AD 5520 INDI VIRGINIA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 3 3 of LPN #2's employee d. LPN #2 was hired on	DRESS, CITY, ST AN RIVER RO. BEACH, VA 2 ID PREFIX TAG F 001	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) F677 1. Resident # 281 no longer resident facility. Resident received a second content of the facility.	N (X5) BE COMPLETE RIATE DATE
	was dated 9/8/21. The 5/13/21-9/8/21, facility #2's license was activ Additionally, on the lice 9/8/21, there was not professional license we good standing. LPN # direct care to Resider which was confirmed Director. An interview was con Resources (HR) Director. In interview was con Resources (HR) Director. An interview of the Human "The purpose of obtait to make sure that the active license that is it is no disciplinary actic license". The HR Directicense verification for until 9/8/21 and there whether or not the license verification for the facility's Resident Abuse Police 5/26/2021, subheadir item 1 read, "It is the undertake backgroun and to retain on file a employees regarding Facility will do the follemployeesiii. Check and certification status to certification status to	y staff was unaware if LPN re and in good standing. rense verification dated indication that LPN #2's reas unencumbered and in reasonable to provide reasonable reaso		on 1/13/2022. 2. All residents have the potential affected by this deficient practice. Observation rounds conducted of 1/14/2022 to validate no other residents affected. 3. Licensed Nurses/CNA'S have be educated on ADL care and documentation of care provided DON or designee. 4. The facility DON or designee who observe 5 residents x 5 days a which include documentation. Resultantists will be taken to the QAPI committee monthly for 3 month review and revision as needed. 5. 2/17/2022	e. peen re- by the vill eek for rovided lts of

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND I EAR	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLETED
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		VA0179	B. WING		01/18/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
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ILIMI OVI	CEE HEACHT & KEHAB C	VIRGINIA I	BEACH, VA 23	464	
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F 001	Continued From page	4	F 001	7	
	abuse or neglect".			F685	
	abada ar magradani .			1 555	
	Administrator and HR information was provided information was provided. Cross-reference to F-12 VAC 5-371-220 (F) Provided for Dependence Under section (F). East tub or shower baths a less than twice weekly. Based on resident intoclinical record review provide personal care resident (Resident #6 to independently carry (ADL) care. The findings included 1. The facility staff fawas offered and receit twice-weekly showers hygiene. Resident #6 was offered but not liming Resident #6's Minimu protocol) a quarterly and Assessment Reference coded the resident's Estatus (BIMS) score in moderate cognitive in the status i	ded. 607). Quality of Life. ADL Care ent Residents. ach resident shall receive as often as needed, but not by. erview, staff interviews and the facility staff failed to be to include showers for 1 and #177) who was unable by out activities of daily living to to maintain good personal as was originally admitted to a be		 Resident #46 has had recommended appointment scheduled for 2/21/2022. A of hearing/vision consultation reports obtained over the pudays was reviewed by DON/designee on 2/4/2022 validate no other recommended outlying. All residents have the potential be affected. Review of hearing/vision consultation for last 14 days reviewed or 2/4/2022 for any recommendations, no conconneted. Licensed staff and SW were educated on follow up need resident in regards to consultations by the Designee. Newly hired licentinurses and agency licensed will be educated prior to produce the resident to produce the produce	review on ast 14 to ndations ntial to reports n erns ds of the ultation ON or nsed nurses
	decision-making. In s functioning) the MDS	ection "G" (Physical		direct resident care.	
		coded Resident #6 lence of one with bathing,			
		of one two with bed mobility			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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F 001	Continued From page and extensive assista	s 5 nce of one with hygiene and	F 001	The facility DON/designee wi review all consultation report	
	toilet use. In section "	H" (Bladder and Bowel) was		5x per week x 12 weeks to va	lidate
	bowel.	ntinent of bladder and		recommendation needs and	follow-
				up. Results of audits will be	
		are plan with a created date ision date of 10/23/20		reviewed in QAPI committee	for
documented Resident #6 with ADL self-care performance deficit related to impaired mobility, cognitive deficit and often refuses ADL care. The goal set by the staff is that resident will maintain		review and revision as neede 5. 2/17/2022	d.		
	goal set by the staff is	that resident will maintain		F686 1. Resident #15 has been assess	ad for
	DATE OF THE PARTY	on in ADL's through the next 22. One of the intervention		What is the design of the property of the prop	
	The second secon	de is to assist with bathing	-	any skin concerns; treatments as ordered and care plan reviewed	
	and dressing as need	ed.		revised as needed. A house wid	
	Review of the shower	schedule evidenced			
		eduled for showers twice		sweep performed on 1/21/22 to	
	weekly on Monday an	d Thursday (3-11 shift).		any additional residents with pot	
		's ADL Documentation		for or actual skin breakdown foll	
	Survey Report reveals given on the following	ed the showers were not		by verification of treatment orde	1
		S (2000) (1000) (2000)		new areas of concern were ident	iffed.
	November 2021 (11/1 11/27/21).	3, 11/17, 11/20, 11/24 and		2. All residents have the potentia	al to be
	December 2021 (12/0	1, 12/04, 12/11, 12/15,		affected by this deficient practice	es.
	12/18, 12/22, 12/25 a January 2022 (01/05			Current residents have been asse	essed
	January 2022 (01/05)	and 0 1/06/22).		for new and/or existing areas; va	lidation
	An interview was cond Nursing Assistant #1	(CNA) on 01/13/22 at		of current treatments, implement of new treatments as needed; ca	
		m., who stated, "Resident owers because they are not		plans reviewed and revised as ne	eeded.
	being offered or given	." She said the residents		3. Facility clinical staff have been	re-
		showers at least twice a se, the nurse is to be made		educated on skin and wound pro	cess to
	aware and we are to	document their refusal as		include recognition and preventi	The state of the s
	well as the nurse.			measures the DON or designee.	

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		The state of the control of the cont	A. BUILDING:		
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
KEMPSVI	LLE HEALTH & REHAB (ENTER	N RIVER ROA BEACH, VA 23		* -
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F 001	10:20 a.m. The CNA care and services to F (3p-11p shift). A mes never returned the car A debriefing was cond Administrator, Director corporate on 01/17/22 Corporate stated, "Rescheduled shower dashould have the oppoor tub bath twice a werefuses his/her shower the CNA documentatic document the refusal 2. The facility staff fai #177 was offered and twice-weekly showers hygiene. Resident #1 nursing facility on 01/2 Resident #177 include Osteomyelitis in the ri The Minimum Data Seprotocol) a 14-day as Assessment Reference coded Resident #177 score of 15 on the Bri Status (BIMS), indicated impairment. In section the MDS coded Resident eassistance assistance of one with limited assistance of cand bed mobility for A	ted Certified Nursing in 01/14/22 at approximately was assigned to provide Resident #6 on 02/01/21 sage was left, the CNA III. ducted with the or of Nursing (DON) and 2 at approximately 4:05 p.m. esidents are set up with ys." She said Resident #6 rrunity to receive a shower sek. She said if the resident er there should be a note in on and the nurse is to in his/her clinical record. illed to ensure Resident received a scheduled to maintain good personal 77 was admitted to the 29/21. Diagnosis for ed but not limited to ght ankle and foot. et (MDS - an assessment sessment with an the Date (ARD) of 09/29/21 with a 15 out of a possible ef Interview for Mental ting no cognitive in "G" (Physical functioning)	F 001	4. The facility DON or designee w review the results of all weekly skeevaluation 5x per week for 12 weeks for skin concerns and will assess residents weekly for 12 weeks for skin concerns; will assess newly admitted residents weekly for 12 to ensure any skin concerns are addressed. Results of audits will taken to the QAPI committee mofor 3 months for review and revisineeded. 5. 2/17/2022 F690 1. Resident #281 no longer residenthe facility. 2. All residents with an indwelling catheter have the potential to be affected. Audit of residents with indwelling foley catheters compleivalidate appropriate orders, justificand accurate care plan. 3. Licensed nursing staff have been educated on indwelling urinary caprocess including having complete orders and medical justification by orders and medical justification by orders and medical justification by	in eks for 5 any weeks be nthly ion as foley ted to ication in retheter
	(ADL) care.			DON or designee.	

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NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, ST	ATE, ZIP CODE	
KEMDSVI	LLE HEALTH & REHAB	CENTED 5520 IND	IAN RIVER RO	AD	
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F 001	Continued From page	e 7	F 001	Newly hired licensed nurses and a	gency
		care plan with a created date		licensed nurses will be educated p	orior to
		nted Resident #177 with		providing direct resident care.	
		goal set for the resident by		4. MDS nurse/designee will audit	
		s needs by 05/18/21. One of		residents and new admissions wh	n have
	the interventions to m with activities of daily	nanage goal include to assist		A STATE OF THE PROPERTY OF THE	CONT VALUE OF THE LITTER I
	grooming, toileting, fe	0.		indwelling catheters weekly x 12	
	Review of the shower schedule evidenced Resident #177 was scheduled for showers twice weekly on Monday and Thursday (3-11 shift). Review of Resident 177's Activities of Daily Living (ADL) Documentation Survey Report revealed the			to validate appropriate justification	
				orders and care plans are current	
				Results of audits will be taken to	the
				QAPI committee monthly for 3 m	onths
				for review and revision as needed	l
	showers were not give	ven on the following shower (02/01, 02/08, 02/11, 02/15		5. 2/17/2022 F692	
	A phone call was place	ced Certified Nursing		1. Resident #15 had diet reviewe	d and
		n 01/14/22 at approximately		addressed to ensure adequate pr	otein,
		was assigned to provide		portion sizes and preferences wit	h
		Resident #177 on 02/01/21 ssage was left, the CNA		meals are offered, these resident	s were
	never returned the ca			weighed and care plans reviewed	. An
	A debriefing was con	ducted with the		revised as needed. Resident #47	
		or of Nursing and corporate		weighed, diet reviewed, care plan	1
	on 01/17/22 at appro	The state of the s		reviewed and revised as needed.	
		idents are set up with ays. She said Resident #177		reviewed and revised as needed.	
		ortunity to receive a shower		2. All residents have the potentia	I to be
	or tub bath twice a w	eek. She said if the resident		affected. Weights reviewed for a	
		er there should be a note entation or the nurse is to		residents effected by this deficien	
		al in his/her clinical record.		439	
				practice and concerns addressed	
	02/02/21.	ed Resident eduling with a revision date: ill be bathed or showered			

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F 001	Continued From page	8	F 001	3. Nursing staff have been educate	ted on
	according to their pref	erences in order to		weight policy, documenting meal	
	maintain healthy hygie	ene and skin conditions.		percentages and re-weights for w	
		nstrated competence may shower, tub bath, whirlpool		variances by the DON or designed	e. The
	bath, or bed bath.	,,,,		facility DON, RD, and dietary man	nager
	(G) If the hath/shows	r cannot be given or the		have also been educated on weig	
	resident refuses, the r	nursing assistant will		policy to include following dietar	У
	promptly report this to	the Charge Nurse.		recommendations and implemen	ntations
	(H) The Charge Nurse	will speak with the resident		by the DON or designee. Newly h	ired
	who refuses to ascerta	ain why they are refusing	_	nursing staff and agency nursing	staff
		ernative arrangements that e made. If the resident		will be educated prior to providir	ng
	continues to refuse the	e Charge Nurse will inform		direct resident care.	
		nt the resident's refusal in			
	Further attempts and i	on the 24-Hour Report.		4. The facility DON or designee w	
	documented in the Nu	rses Notes and on the		review daily/weekly/monthly we	ights
	24-Hour Report.			weekly for 12 weeks to validate	
	The facility policy titled	d Resident		weights obtained per order, appi	ropriate
	Bath/Showering/Sche	duling with a revision date:		interventions in place as needed,	, care
	02/02/21Policy: Residents will	I be bathed or showered		plans accurate. Facility Registere	d
	according to their pref			Dietician will audit 7 trays weekly	y for 12
		ene and skin conditions.		weeks to ensure appropriate die	
		nstrated competence may shower, tub bath, whirlpool		place. Results of audits will be ta	
	bath, or bed bath.	energy cas sawn, minipoor		the QAPI committee monthly for	
	(G) If the hath/shows	r cannot be given or the		months for review and revision a	
	resident refuses, the r			needed.	
	promptly report this to			needed.	
	who refuses to ascerta and to determine if alto suit the resident can b	e will speak with the resident ain why they are refusing ernative arrangements that be made. If the resident the Charge Nurse will inform		5. 2/17/2022	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		CO		(X3) DATE SURVEY	
ANDIEAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	
KEMPSVI	LLE HEALTH & REHAB	CENTER 5520 INDI	AN RIVER ROA	AD	
		VIRGINIA	BEACH, VA 2		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
F 001	Continued From page	9	F 001	F881	
the DON and document the resident's refusal in the Nurses Notes and on the 24-Hour Report. Further attempts and interventions will be documented in the Nurses Notes and on the 24-Hour Report.			1. Resident #47 was assessed and issues at this time and continues reside at the facility.	to	
				2. All residents on antibiotic ther	
				have the potential to be affected.	
				Assessment completed of current	
				residents on antibiotic therapy to	
				ensure appropriate documentation	on,
				which includes effectiveness and	
				current care plan.	
				3. The facility DON and Unit Man	ager
				have been re-educated on the ar	ntibiotic
				stewardship program which inclu	ıdes
				tracking, and monitoring effective	eness
			-	of antibiotics by the Regional Co	rporate
				nurse. 4. An audit of the facility IC log to	n he
	*			completed weekly for 12 weeks	
				facility RDCS or designee. The RI	
				/designee will review 3 residents	
				weekly x 12 weeks to validate	
				effectiveness of ABT is monitore	d.
				Results of audits will be taken to	
				QAPI committee monthly for 3 r	
				for review and revision as neede	
				TOT TEVIEW AND TEVISION AS NEEde	
				5. 2/17/2022	

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING VA0179 01/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5520 INDIAN RIVER ROAD **KEMPSVILLE HEALTH & REHAB CENTER** VIRGINIA BEACH, VA 23464 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F655 F 000 F 000 Initial Comments 1. Resident #281 no longer resides at An unannounced biennial State Licensure the center. An order for resident Inspection was conducted 01/11/22 through #251 for the indwelling catheter 01/14/22 and 01/18/22. The facility was not in compliance with the Virginia Rules and was obtained on 1/13/22, care plan Regulations for the Licensure of Nursing reviewed and revised as needed. Facilities. No complaints were investigated during the survey. Resident #47 was provided a baseline care plan on 12/15/2021. The census in this 90 licensed bed facility was 75 at the time of the survey. The survey sample 2. All residents with indwelling consisted of 37 current and closed Resident catheters have the potential to be reviews. affected. Audit of residents with F 001 F 001 Non Compliance foley catheters completed for appropriate orders, justification and The facility was out of compliance with the following state licensure requirements: care plan. All newly admitted/readmitted have the potential to be This RULE: is not met as evidenced by: The facility staff was not in compliance with the affected. Audit of admissions from Rules and Regulations for the Licensure of 12/19/21 to 1/18/22 was **Nursing Facilities:** conducted to identify any baseline COV32.1-126.01(A). Cross reference to F-602. care plan concerns; 12VAC5-371-150 (B3), Resident Rights, Cross 3. Facility licensed nursing staff were reference to F-585. educated on obtaining complete 12VAC5-371-180. Infection Control. Cross orders for the use and maintenance reference to F-880. of indwelling catheters which includes justification for use and 12VAC5-371-220 (B. C. F. and H). Nursing Services. Cross reference to F-580, F-677, care plan in place by DON or F-685, F-686, F-690, F-692, F-881. designee. The centers MDS staff 12VAC5-371-250 (F). Resident Assessment & were educated on the development Care Planning. Cross reference to F-637, F-655 and implementation of a baseline and F-656. care plan within 48 hours of

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0179	B. WING		C 01/18/2022
	Continued From page 12VAC5-371-300 (B Cross reference to F 12 VAC 5-371-140 (I 32.1-126.01 (A) Based on staff intervidual commentation revieus obtain a criminal back	STREET AD 5520 INDI VIRGINIA TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION) Je 1 J. Pharmaceutical services. F-554 and F-761. E)(3)(b) and COV § View and facility Even, the facility staff failed to Cockground check with the	B. WING DDRESS, CITY, STA AN RIVER ROA BEACH, VA 23 ID PREFIX TAG F 001	.D	RECTION (X5) COMPLETE DATE or designee. urses and will be ding direct /designee
	days of hire for 1 em #3, in a sample of 20 The facility staff faile background check we Dietary Employee #3 The findings include On 1/11/22, a group the Human Resource Facility Administrato for Dietary Employee "We conduct crimina sure that we are not offenders, or anyone to protect our reside			week for 12 weeks to e line care plan complete Director of Nurses/desi audit new admissions 5 week for 12 weeks for u indwelling foley cathete justification, appropriat care plan. Results of au taken to the QAPI commonthly for 3 months f and revision as needed 5. 2/17/2022 F656	d timely. gnee will times a use of er, foley te orders and dits will be mittee or review
	Dietary Employee ## background check re 11/23/20 by The Cel Exchange of the Virgindicated, "Transact Employee #3 was hi 11/24/20. On 1/12/22, the find	w of personnel records for 3 was conducted. A criminal equest was received on ntral Criminal Records ginia State Police and ion being Processed". Dietary ired by the facility on ings for Dietary Employee #3 e HR Director and the Facility		 Resident #1 had a care pon 1/13/22 to include a COPD with the use of oxtherapy. All residents have the poe affected by this deficient practice. An audit of residents had a care pon 1/10 pon 1/1	diagnosis of kygen otential to sient

AND DIAN OF CODDECTION IDENTIFICATION NUMBER.		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		SENTER 5520 IND VIRGINIA ATEMENT OF DEFICIENCIES	IAN RIVER ROA BEACH, VA 23	3464 PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	
F 001	Administrator who stallocate any results for Check that was subm Employee #3, therefor confirmed Dietary Embackground status. Review of the facility's Resident Abuse Policity 5/26/2021, subheading item 1 read, "It is the undertake backgroun and to retain on file a employees regarding Facility will do the followed employeesiv. Condicheck in accordance policy". No further information Cross-reference to F-12 VAC 5-371-210 (EBased on staff interviduoumentation review verify the professional direct resident care, finurse, LPN #2, in a sincords reviewed. The facility staff failed license was active and	atted they were unable to the Criminal Background itted on 11/23/20 for Dietary re, facility staff have not aployee #3's criminal spolicy entitled, "Virginia y", last revision date ag, "ProcedureScreening", policy of the Facility to dichecks of all employees applicable records of current such checksa. The owing prior to hiring a new fuct a criminal background with State law and Facility in was provided.	F 001	completed of Comprehensive plans for 2 weeks 1/5/22 – 1 Care plans reviewed and reveneeded. 3. MDS nurses were educated development and implement of comprehensive care plan Regional corporate nurse. 4. MDS/Designee to audit and validate weekly for 12 weeks completeness of Compreher care plans completed on new admissions, residents with significant change and reside with annual assessments. The results of audits will be take QAPI committee for review revision as needed. 5. 2/17/2022 F657 1. Resident #47 is not receiving antibiotic therapy at this time. 2. All residents receiving antibiotic therapy have the potential affected.	/18/22 ised as on the tation shall be and gene. biotic
	The findings included	:		RECEIVED	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
KEMPSVI	LLE HEALTH & REHAB (ENTER	N RIVER ROA				
			BEACH, VA 23	464			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	2	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
F 001	record was conducted 5/13/21. LPN #2's prowas dated 9/8/21. The 5/13/21-9/8/21, facility #2's license was active Additionally, on the license was not in professional license was good standing. LPN # direct care to Resider which was confirmed Director. An interview was confirmed Director. An interview was confirmed Director. An interview was confirmed Director. The purpose of obtain to make sure that the active license that is in is no disciplinary actic license". The HR Direction license verification for until 9/8/21 and there whether or not the license were with the facility's Resident Abuse Policense Po	of LPN #2's employee d. LPN #2 was hired on fessional license verification erefore, from y staff was unaware if LPN e and in good standing. ense verification dated indication that LPN #2's y as unencumbered and in 2 was permitted to provide its beginning on 5/20/21 by the Human Resources ducted with the Human extern and the Facility infirmed the hire date for Resources Director stated, ning a license verification is y [nursing staff] have an in good standing, that there is against their professional extern confirmed that the is LPN #2 had not occurred was no indication of ense was in good standing. is policy entitled, "Virginia y", last revision date	F 001	4. 1 t a a c c f f 7. 2 f 7. 2 f 7. 2 f 7. 2 f 7. 4	An audit completed on residence eceiving antibiotic therapy to care plans are current. The Manurses have been reeducated plan timing and revision to incontervention of monitoring side effects of antibiotic use for the eceiving ABT by the regional corporate nurse. The Director of Nurses/design will audit physician orders, 24 peport 5 times a week for 12 version of the end revised as needed. Resultandits will be taken to the QA committee monthly for 3 monor review and revision as needed.	o ensure DS on care clude de lose hour weeks wed ts of PI oths eded.	
	item 1 read, "It is the undertake background and to retain on file apemployees regarding Facility will do the following the state of th	ng, "ProcedureScreening", policy of the Facility to d checks of all employees pplicable records of current such checksa. The owing prior to hiring a new k with all applicable licensing		2. /	stored in a secure location, accessible to designated staff All residents have the potenti be affected. Facility wide observation of residents roon	al to	
	and certification author employees hold the re- certification status to p				completed, no other medicat were found.	ions	

State of Virginia (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ C B. WING 01/18/2022 VA0179 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5520 INDIAN RIVER ROAD KEMPSVILLE HEALTH & REHAB CENTER **VIRGINIA BEACH, VA 23464** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 001 3. Licensed nurses and department F 001 Continued From page 4 heads were educated on abuse or neglect...". medication storage by the DON or The findings were discussed with the Facility designee. Newly hired licensed Administrator and HR Director. No further information was provided. nurses and agency licensed nurses will be educated prior to providing Cross-reference to F-607 12 VAC 5-371-220 (F). Quality of Life. ADL Care direct resident care. Provided for Dependent Residents. 4. Unit manager or designee will Under section (F). Each resident shall receive visually audit 7 resident rooms per tub or shower baths as often as needed, but not week for 12 weeks to validate less than twice weekly. medication storage (no meds at Based on resident interview, staff interviews and bedside). Results of audits will be clinical record review the facility staff failed to reviewed in QAPI monthly for three provide personal care to include showers for 1 resident (Resident #6 and #177) who was unable months for review and revision as to independently carry out activities of daily living needed.. (ADL) care. 5. 2/17/2022 The findings included: F554 1. The facility staff failed to ensure Resident #6 was offered and received a scheduled 1 Resident #46 was reassessed for twice-weekly showers to maintain good personal self-administration of medication. hygiene. Resident #6 was originally admitted to the facility on 04/05/18. Diagnosis for Resident 2. Residents who have previously been #6 included but not limited to muscle weakness. assessed for self-administration of Resident #6's Minimum Data Set (an assessment medication have the potential to be protocol) a quarterly assessment with an Assessment Reference Date (ARD) of 10/12/21 affected by this deficient practice and coded the resident's Brief Interview for Mental have been reassessed for ability to self-Status (BIMS) score 10 of a possible 15 with moderate cognitive impairment for daily administering medications. decision-making. In section "G" (Physical functioning) the MDS coded Resident #6 requiring total dependence of one with bathing,

extensive assistance of one two with bed mobility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		VA0179	B. WING		01/18/2022	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
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			BEACH, VA 23			
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F 001	Continued From page	5	F 001	3. Licensed nurses were reeducate	ed on	
	and extensive assistance of one with hygiene and toilet use. In section "H" (Bladder and Bowel) was coded for always incontinent of bladder and			policy of self-administration of	ation of	
				mediations by the DON or designed	or designee.	
	bowel.			Newly hired licensed nurses and a	urses and agency	
	The comprehensive of	care plan with a created date		nurses will be educated prior to		
	of 05/01/19 and a rev	rision date of 10/23/20 tt #6 with ADL self-care		providing direct resident care.		
	performance deficit related to impaired mobility, cognitive deficit and often refuses ADL care. The goal set by the staff is that resident will maintain current level of function in ADL's through the next			4. DON or designee will audit resi	dents	
				self-administering medications we	eekly	
				to ensure of ability to self-administer		
•		/22. One of the intervention ude is to assist with bathing ded.		medications for 12 weeks. DON of designee will interview new admit		
	and dressing as need			weekly for desire/capability of self-		
Review of the shower schedule evidenced Resident #6 was scheduled for showers twice			administering medications for 12 weeks.			
		nd Thursday (3-11 shift).		Results of audits will be taken to		
	Davieus of Davidant 6	No ADI Decumentation		committee monthly for 3 months	for	
Review of Resident 6 Survey Report reveal		led the showers were not		review and revision as needed.		
	given on the following					
	November 2021 (11/1	13, 11/17, 11/20, 11/24 and		5. 2/17/2022		
	11/27/21).			F607		
	December 2021 (12/0 12/18, 12/22, 12/25 a	01, 12/04, 12/11, 12/15, and 12/29/21).	-	1. Employee #3 criminal backgrou	und	
	January 2022 (01/05			check was received on 1/13/22,		
	An interview was conducted with Certified Nursing Assistant #1 (CNA) on 01/13/22 at approximately 3:45 p.m., who stated, "Resident #6 can't refuse his showers because they are not			Employee #2 licensure verification	n was	
				completed on 1/13/22.		
				2. All residents have the potential	l to be	
		n." She said the residents		affected. Audit completed of current		
	are to be offered their showers at least twice a week and if they refuse, the nurse is to be made aware and we are to document their refusal as well as the nurse.			employees to ensure files are con		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0179	B. WING		C 01/18/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5520 INDIAN RIVER ROAD VIRGINIA BEACH, VA 23464					
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	#177 was offered and twice-weekly showers hygiene. Resident #7 nursing facility on 01/Resident #177 includ Osteomyelitis in the r The Minimum Data S protocol) a 14-day as Assessment Referencoded Resident #177 score of 15 on the Br Status (BIMS), indica impairment. In sectic the MDS coded Resident extensive assistance assistance of one wit limited assistance of	ed but not limited to ight ankle and foot. et (MDS - an assessment sessment with an ce Date (ARD) of 09/29/21 with a 15 out of a possible ief Interview for Mental ting no cognitive on "G" (Physical functioning)		5. 2/17/2022	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		VA0179	B. WING		C 01/18/2022		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE KEMPSVILLE HEALTH & REHAB CENTER 5520 INDIAN RIVER ROAD VIRGINIA BEACH, VA 23464						
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F 001	of 01/30/21 documen self-care deficit. The staff is to meet his the interventions to m with activities of daily grooming, toileting, feld resident #177 was sometimed with a series of the shower Resident #177 was sometimed with a series of the shower Resident #177 was sometimed with a series of the shower of Resident 1 (ADL) Documentation showers were not given days: February 2021 and 02/18/21). A phone call was place Assistant (CNA) #2 of 10:20 a.m. The CNA care and services to (3p-11p shift). A messident meeting was conducted and the call was placed and services to (3p-11p shift). A messident meeting was conducted and shower day should have the opportubent the stated resist scheduled shower day should have the opportubent their refused The facility policy title Bath/Showering/Schedul/02/02/21.	care plan with a created date ted Resident #177 with goal set for the resident by a needs by 05/18/21. One of transage goal include to assist living with dressing, reding and oral care. The schedule evidenced cheduled for showers twice and Thursday (3-11 shift). The schedule evidenced cheduled for showers twice and Thursday (3-11 shift). The schedule evidenced cheduled for showers twice and Thursday (3-11 shift). The schedule evidenced cheduled for showers twice and Thursday (3-11 shift). The schedule evidenced cheduled for showers twice and Thursday (3-11 shift). The schedule evidenced cheduled for shower shower approximately and the scheduled for shower showers are set up with a scheduled for shower showers are set up with a scheduled for shower showers are set up with a scheduled for shower should be a note cheduled for the resident for the should be a note cheduled in his/her clinical record.	F 001				

State of Virginia (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C 01/18/2022 B. WING VA0179 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5520 INDIAN RIVER ROAD KEMPSVILLE HEALTH & REHAB CENTER **VIRGINIA BEACH, VA 23464** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 001 F 001 Continued From page 8 according to their preferences in order to maintain healthy hygiene and skin conditions. Staff who have demonstrated competence may bathe the resident via shower, tub bath, whirlpool bath, or bed bath. (G) If the bath/shower cannot be given or the resident refuses, the nursing assistant will promptly report this to the Charge Nurse. (H) The Charge Nurse will speak with the resident who refuses to ascertain why they are refusing and to determine if alternative arrangements that suit the resident can be made. If the resident continues to refuse the Charge Nurse will inform the DON and document the resident's refusal in the Nurses Notes and on the 24-Hour Report. Further attempts and interventions will be documented in the Nurses Notes and on the 24-Hour Report. The facility policy titled Resident Bath/Showering/Scheduling with a revision date: 02/02/21. -Policy: Residents will be bathed or showered according to their preferences in order to maintain healthy hygiene and skin conditions. Staff who have demonstrated competence may bathe the resident via shower, tub bath, whirlpool bath, or bed bath. (G) If the bath/shower cannot be given or the resident refuses, the nursing assistant will promptly report this to the Charge Nurse. (H) The Charge Nurse will speak with the resident who refuses to ascertain why they are refusing and to determine if alternative arrangements that suit the resident can be made. If the resident

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continues to refuse the Charge Nurse will inform

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE SS20 INDIAN RIVER ROAD VIRGINIA BEACH, VA. 23444 PROVIDERS PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) F 001 Continued From page 9 the DON and document the resident's refusal in the Nurses Notes and on the 24-Hour Report. Further attempts and interventions will be documented in the Nurses Notes and on the 24-Hour Report.	AND DIAN OF CODDECTION IDENTIFICATION NUMBER.		100 100/13	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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the DON and document the resident's refusal in the Nurses Notes and on the 24-Hour Report. Further attempts and interventions will be documented in the Nurses Notes and on the	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE		
	F 001	the DON and docume the Nurses Notes and Further attempts and documented in the Nu	ent the resident's refusal in I on the 24-Hour Report. interventions will be	F 001				