	-	ID HUMAN SERVICES			FORM APPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		495340	B. WING		C 06/03/2021
NAME OF PI	ROVIDER OR SUPPLIER	•	s	TREET ADDRESS, CITY, STATE, ZIP CODE	
NEWPOR	T NEWS NURSING & RE	НАВ		2997 NETTLES DRIVE IEWPORT NEWS, VA 23602	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 000	INITIAL COMMENTS		F 000		
	standard (Complaint) 06/01/21 through 06// required for complian Federal Long Term C complaints were inve VA00051869, VA0003	dicare/Medicaid abbreviated survey was conducted 03/21. Corrections are ce with 42 CFR Part 483 are requirements. Six stigated during the survey, 50271, VA00050388, 50667 and VA00051590.			
F 658 SS=E	97 at the time of the s consisted of 2 curren (Residents 1 through reviews (Residents 3 Services Provided Mo	2) and 5 closed record through 7). eet Professional Standards	F 658		7/13/21
	as outlined by the con must- (i) Meet professional	d or arranged by the facility, mprehensive care plan,			
	Based on a complair record review, staff ir document review the professional standard physician directives in clinical record, obtain the administration of for 3 of 7 residents in Resident #5, Resider The findings included 1. Resident # 5 was	facility staff failed to follow Is of practice for transcribing not orders in the electronic weekly weights and assure a blood pressure medication the survey sample, at #2 and Resident #6.		 Residents #5, #2, and #6 no longer reside at the facility. Current residents have the potential be affected. On 06/01/2021, the Direct of Nursing (DON) and nurse manager team conducted a review of orders of t admissions/readmissions for the past 3 days to verify orders were accurately transcribed and reviewed by physician Discrepancies were immediately corrected in respective resident medic records, and MD was immediately 	to tor nent he 30 al
		SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE
Electroni	cally Signed				06/25/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 03/07/2022 / APPROVED). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495340	B. WING				C 03/2021
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	•	
NEWPOR	NEWS NURSING & RE	НАВ			997 NETTLES DRIVE EWPORT NEWS, VA 23602		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 658	Continued From page	<u>a</u> 1	F 65	58			
	1/9/21 with diagnoses	s to include but not limited to leg Deep Vein Thrombosis,			notified.		
	Osteoporosis and Ce The most recent com Data Set was a 5-day Reference Date of 1/ Interview for Mental S scored as an 11, whic mildly cognitively imp decision making.	rebral Vascular Accident. prehensive (MDS) Minimum with an (ARD) Assessment 15/21. The (BIMS) Brief Status for Resident #5 was ch indicated the resident was aired but capable of daily			Consultant recommendations were reviewed by the DON on Monday, 06/07/2021 to verify communication to physician, orders obtained, or documentation of rationale of the decli 3. On 06/04/2021 and on 06/07/2021, DON/Designee educated nurses on conducting thorough review of admiss orders, hospital discharge orders, reviewing discrepancies and clarifying	ine. the ion	
		and is documented in part,			orders with physician, entering orders the medical record, then reconciling discharge orders against orders entered	into	
	Medications: Home I Discharge Take these medicatio	Medication List at Time of ns:			the medical record for each admission/readmission to verify orders have been accurately transcribed. The DON/Designee also educated nurses	8 e	
		mide a day cations on a daily basis as			reviewing consultant physicians other clinical service consultant recommendations (e.g. dietician, pharmacy consultants), communication recommendations to the physician and obtaining orders.	g	
	anticoagulants. Resident #5's Order S Orders) dated 1/9/202 and under Pharmacy	Every Section and Summary Report (Physician 21 -1/15/2021 was reviewed there was no physician MG (milligram) tablet, 1 day noted.			The DON/Designee will review records each admission/readmission at next clinical morning meeting to verify discharge orders have been reconciled discrepancies clarified and accurately transcribed.		
	Resident #5's (MAR) Record dated 1/1/202 and there was no phy	Medication Administration 21-1/31/2020 was reviewed vsician order for Vimpat 200 , 1 tablet, Oral 2 times a day			4. The DON/Designee will review consultant recommendations to verify have been communicated to the physi and resulting orders five days per wee for two week, then random audits of 10	cian k	

Facility ID: VA0289

		ND HUMAN SERVICES MEDICAID SERVICES				FORI	D: 03/07/2022 M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495340	B. WING				C / 03/2021
NAME OF P	ROVIDER OR SUPPLIER	•		SI	TREET ADDRESS, CITY, STATE, ZIP CODE		
NEWPOR	T NEWS NURSING & RE	НАВ			2997 NETTLES DRIVE EWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 658	noted. Resident #5's Medica and locked on 1/9/21 (Licensed Practical N is documented in par Section A: 1. Complete medicat the following data sou 1. History and Physic Section B: 1. List Medications n Medication Issues Ide Section C: Physician 1. Physician Name-E Physician contacted- contacted via-Blank On 6/3/21 at 10:15 A conducted with LPN a admission orders. LF explain the process for orders. LPN #5 states summary from the hor with the medical doct orders into the compu- pharmacy." On 6/3/21 at 11:30 a. an interview with the the Administrator req interview. The DON s recognized throughou administered the Vim (1/9/21), according to summary." She contin during stand up meet	ation Reconciliation dated at 8:54 P.M. by LPN lurse) #5 was reviewed and t, as follows: tion reconciliation utilizing urces (check all that apply); cal 2. Discharge Summary. reeding clarification: No entified. a Contact Blank 2. Date and Time Blank 3. Physician M. a phone interview was #5 regarding Resident #5's PN #5 was asked to to or transcribing admission ed, "When I get the discharge ispital, I verify the orders for on call. Then I put the uter and send them to the m., Surveyor #2 conducted Director of Nursing (DON), uested that he join the stated, "We never ut her stay that she was not pat upon her admission o her hospital discharge nued to say, "Every morning	F	658	consultant recommendations per wee four weeks, then 10 recommendation month for two months or until resolve The DON will report findings of audits the Quality Assurance Performance Improvement Committee monthly for three months or until resolved. 5. Date of Complaince: 07/13/2021	s per d.	

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED D. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	COMF	E SURVEY PLETED C	
		495340	B. WING				/03/2021	
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
NEWPOR [.]	F NEWS NURSING & REI	HAB	12997 NETTLES DRIVE NEWPORT NEWS, VA 23602					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F 658	discussed and the 24 important information admission, the nurse reviews the resident's medications, verifies, are uploaded into the hours, the physician of and officially signs the pharmacy will review and the uploaded mer- residents. We all mis stated that during a p #1 on 6/2/21, it was in received the Vimpat fir immediate audit of all and he identified othe same practice. He st and accept what happ name), and we will fix be for the residents." extensive stack of col did an immediate QU, education with all lice continue educating ur educated along with r does not happen agai accept the problem." The facility policy title Authorization and Con Pharmacy" last revise 8. Facility should reco admission orders befor	hour report also reveals From a resident's calls the physician and hospital discharge reconciles and then they system. Within 24-48 comes in, reviews the meds orders. By 72 hours, the the discharge medications dications in the system for sed it." The Administrator hone interview with Surveyor dentified Resident #5 never rom admission, thus an admissions was completed r residents affected by the ated, "We own this problem bened to (Resident #5's tit. Our concern will always The Administrator had an lated papers and said, "We API, audit and extensive nsed nurses, and will til all licensed nurses are nonitoring to ensure this in. Like I said, we own and d "4.1 Physician/Prescriber mmunication of orders to ed 10/1/18.	F	658				

Facility ID: VA0289

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 03/07/2022 APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495340	B. WING	B. WING			C 03/2021
NAME OF PI	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	НАВ		2997 NETTLES DRIVE NEWPORT NEWS, VA 2	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	should promptly trans Pharmacy. On 6/3/21 at approxim debriefing was condu ASM(Administrative S ASM #3 and CSM (Co were the above inform exit no further informa 2. The facility staff fa of practice to impleme medications, as indica discharge summary for was to continue Meto high blood pressure unursing facility. Resident #2 was adm on 5/12/21 for skilled fracture of left ankle. with a diagnosis of high The Admission Minim assessment dated 5/7 the Brief Interview for score of 15 out of a pri indicated she possess cognitive skills for dai The General Discharg identified metoprolol 7 (po) as one of the me taking daily in the hos to the nursing facility. Discharge Summary,	sion orders are verified, staff mit medication orders to the nately 3:28 P.M. a pre-exit cted via phone with Staff member) #1, ASM #2, orporate Staff Member) #1 nation was shared. Prior to ation was shared. Prior to ation was shared. It is and ard en the hospital's orders for ated in the hospital or Resident #2. The resident prolol for the treatment of upon admission to the witted to the nursing facility services due to status post The resident was admitted gh blood pressure. um Data Set (MDS) 18/21 coded the resident on Mental Status (BIMS) with a ossible score of 15 which sed independent and intact ly decision making. ge Summary dated 5/10/21 75 milligram (mg) by mouth dications the resident was spital prior to her admission According to the General Metoprolol was to continue medication for the treatment	F 658				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 03/07/2022 APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495340	B. WING		_	06/0	03/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	НАВ		12997 NETTLES DRIVE NEWPORT NEWS, VA 2	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	Records (MAR), Resi the Metoprolol upon a There were no physic practitioner (NP) orde notes to indicate that On 6/1/21 at approxin #2 was interviewed to a long standing medic questioned the nurse taking the medication admitted to the nursin finally got on board." On 6/3/21 at 5:00 p.m Manager, Licensed P resident missed 5 or 6 5/12-17/21. She state that the Interdisciplina admissions during the reviews all hospital di verify's all orders. She to determine if the me blood pressure readir if that was the case a documentation to sup LPN #2 stated, "We n several days. No one was missed, but I am readings were okay u re-started here."	edication Administration dent #2 was not started on admission until 5/18/21. tian orders, nurse rrs nor entries in the nurse's the medication was on hold. Inately 12:15 p.m., Resident o say she took Metoprolol as cation for years and about why she was not when she was first og facility. She said, "It n., according to the Unit ractical Nurse (LPN #2) the 6 days of Metoprolol from ed it was standard practice ary Team (IDT) review new eir stand-up meetings, scharge medications and ne said she spoke to the NP edication was held for low ngs, but she could not recall	F 654				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		495340	B. WING				03/2021
NAME OF P	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
NEWPOR	T NEWS NURSING & REI	НАВ			2997 NETTLES DRIVE IEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 658	According to the facilit titled Administering M on 4/2019, medication accordance with press any required time fran 3. The facility staff fa as recommended by fr (RD.) Resident #6 wan nursing facility on 10/ Diagnosis for Resident to morbid obesity. Ress Set (MDS) an annual Assessment Reference Resident # 6 Brief Inte (BIMS) score of 08 ou indicating moderate of addition, the MDS coor dependence of two w dependence of one w extensive assistance toilet use and supervi of Daily Living care. Resident #6's person revision date 09/03/20 which read; has a nut nutritional problem rei anxiety, depression a maintain adequate nu by maintaining weight malnutrition and cons meals daily. Some of manage goal: Registe evaluate and make di recommendations as monitor lab/diagnostic	ty's policy and procedures edications dated as revised as are administered in criber's orders, including ne. illed to obtain weekly weights the Registered Dietitian s originally admitted to the 19/19. In #6 included but not limited esident #6 Minimum Data assessment with an ce Date of 09/01/20 coded erview for Mental Status at of a possible score of 15 ognitive impairment. In ded Resident #6 total ith personal hygiene, total ith bathing and dressing, of two with bed mobility and sion with eating for Activities centered care plan with a 0 documented a problem ritional problem or potential lated to hypertension, nd obesity. The goal: will tritional status as evidenced t, no signs or symptoms of uming at least (50%) of the interventions to ered Dietitian (RD) to	F	658			

Facility ID: VA0289

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 03/07/2022 MAPPROVED). 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495340	B. WING					C 03/2021
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
				1	2997 NETTLES DRIVE			
NEWPOR	T NEWS NURSING & REI	HAB		N	NEWPORT NEWS, VA 23602			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE		(X5) COMPLETION DATE
F 658	The care plan also ind due to morbid obesity least 50% of meals the maintain a slow and so the interventions to mass ordered and report ensure the dietitian is evaluate any weight least A phone interview wa 06/02/21 at approxim Resident #6's weight weight loss due to the loss surgery. She sai pocketing food and he less than 50%. She so on 10/19/20 with the following history of the RD not included the following history of desired wei change with Resident The following recomm- intake and weekly we Resident #6's weight weight was obtained of A phone interview wa Assistant Director of I 06/03/21 at approxim "I saw where the dieti was never taken off, t was never done." The is the purpose for get replied, "To monitor for	clude a desired weight loss . The goal is to consume at trough 09/03/20 and will steady weight loss. Some of tanage goal is to obtain labs t results to the physician and aware, monitor and oss. s conducted with the RD on ately 4:39 p.m. She said loss started off as a desired e possibility of having weight id Resident #6 started er meal consumption was said Resident #6 was seen recommendation to start e should have been a weight and 10/29/20. e written on 10/19/20 information: There is a ght loss; however, this is a t #6 with swallowing issues. hendation is made: monitor ights. During the review of summary revealed the last on 10/15/20 @ 256.2 lbs. s conducted with the	F	658				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	
		495340	B. WING				03/2021
NAME OF PI	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
NEWPOR	T NEWS NURSING & REP	IAB			2997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
F 658 F 661 SS=D	an order for weekly w Click Care (PCC), obt weights in Resident # The Administrator, Din Regional Director of C informed of the finding 06/03/21 at approxima did not present any fut findings. The facility's policy titl with a revision date of Policy: Resident of the upon admission and r unless ordered otherw Procedure include bur -Weights will be comp documented in the cli COMPLAINT DEFICII Discharge Summary CFR(s): 483.21(c)(2)(§483.21(c)(2) Discharg but is not limited to, th (i) A recapitulation of ti includes, but is not lim of illness/treatment or radiology, and consul (ii) A final summary of include items in parage the time of the dischar	eights, put the order in Point cain and documented the 6's clinical record. rector of Nursing and Clinical Services was g during a briefing on ately 4:45 p.m. The facility rther information about the ed: Weighing the Resident f (09/05/17.) e facility shall be weighed nonthly and as needed vise by the physician. t not limited: oleted as indicated and nical record. ENCY i)-(iv) rge Summary cipates discharge, a resident e summary that includes, ne following: the resident's stay that nited to, diagnoses, course t therapy, and pertinent lab,		658			7/13/21

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		ND HUMAN SERVICES			PRINTED: 03/07/202 FORM APPROVEI OMB NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495340	B. WING		C 06/03/2021
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	
NEWPOR	NEWS NURSING & RE	HAB		12997 NETTLES DRIVE	
				NEWPORT NEWS, VA 23602	
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BECOMPLETIONE APPROPRIATEDATE
F 661	Continued From page	- 9	F 66	31	
	the consent of the res				
	representative.	such of residents			
	(iii) Reconciliation of	all pre-discharge			
		resident's post-discharge			
	medications (both pre	escribed and			
	over-the-counter).				
	(iv) A post-discharge	-			
		articipation of the resident t's consent, the resident			
		ich will assist the resident to			
		ew living environment. The			
		of care must indicate where			
	the individual plans to	o reside, any arrangements			
		for the resident's follow up			
	care and any post-dis	-			
		Γ is not met as evidenced			
	by: Based on record roy	iew, staff interviews and a		1. Resident #4 no longer res	sides at the
		on the facility staff failed to		facility.	sides at the
		Post-Discharge medical			
	-	d care for one resident		2. Current residents have the	e potential to
	(Resident #4) in the s	survey sample of 7 residents		be affected. On 06/22/2021	, reviews
	upon discharge home	9.		were conducted of current di resident's Discharge Summ	
	The findings included	1:		ensure that Post-Discharge services were identified and	medical
	Resident #4 was adm	nitted to the facility on		prior to respective discharge	-
		ged on 02/25/21. Diagnoses			
	for this resident inclu			3. On 06/21/2021, Social Se	
		ory of COVID-19, fracture of		Director and Assistant were	
		veakness, acute kidney		the Executive Director on po	
		a, unilateral Inguinal hernia, mentia with behavioral		procedures related to Discha and specifically related to the	
	disturbance.			arrangement of Post-Discha services.	
		num Data Set (MDS) dated			
		s resident in the area of		Social Services will review d	
	Cognitive Impairment	t as scoring a (3) on the Brief		plans including follow up app	pointments,

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FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING С 495340 B. WING 06/03/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12997 NETTLES DRIVE **NEWPORT NEWS NURSING & REHAB NEWPORT NEWS, VA 23602** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 661 Continued From page 10 F 661 Interview for Mental Status (BIMS). services, and equipment five times per In the area of Activity's for Daily Living (ADL'S) week in daily clinical review meeting to this resident was assessed as requiring one staff ensure they are in place on the day of physical assistants with bed mobility, in the area discharge. of dressing this resident was coded as a (2/3)requiring one person physical assist. In the area 4. Audit of Discharge Summaries and the of toileting and personal hygiene this resident was arrangement of Post-Discharge medical coded as requiring extensive assist. services therein to be performed by the Executive Director weekly times six weeks A Care Plan dated 1/28/21 indicated: then monthly for three months. He will Focus- Resident #4 plan to return to home where report findings of reviews to the Quality he lives with his wife. Referral to home health will Performance Improvement Committee be made according to his discharge needs. monthly for three months or until resolved. Goal- Resident #4's wife will be able to verbalize/communicate required assistance 5. Date of Compliance: 07/13/2021 post-discharge and the services required to meet needs before discharge. Interventions- Establish a pre-discharge plan with Resident #4's wife/care givers and evaluate progress and revise plan as needed. Evaluate/record Resident #4's abilities and strengths, with representative/care givers/IDT. Determine gaps in abilities which will affect discharge. Address gaps by community referrals to needed agencies/disciplines. Resident #4 is able to (Specify communicate/describe needs, book appointments, ADL's, housekeeping, communication) on discharge to community. A hospital discharge summary dated 01/16/21 indicated: "Discharge Diagnosis: Large right inguinal hernia." "Hospital Course: Patient also was found to have large right inguinal hernia on CT, will follow with general surgery outpatient. Patient feels better and stable to be discharged to SNF to follow-up with his primary care physician, orthopedic, urology and general surgery outpatient." "Large right inguinal hernia-No

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495340	B. WING				C / 03/2021
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	•	
NEWPOR	T NEWS NURSING & REI	НАВ			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 661	surgery outpatient." A hospital history and indicated: "Patient wa inguinal hernia on CT general surgery as ar A nursing note dated catheter patient with a have large Rt. sided I extensive to total assi completion of ADL ca A Nursing Note dated "Discharge summary: for COVID 19 and set weakness and the ne Patient had a Foley w stay but was recently he will follow it on disc chest pain, denies sh abdominal pain, denies biagnoses include me COVID 19, hyponater right hip fracture, alco medication see mar (fr record), exam alert or acute distress. Normo heart sounds are norm tender Foley in place. Assessment/Plan: severe sepsis-resolved dementia, right hip fract	ain Follow with general physical dated 01/19/21 is found to have a large right and is to follow up with outpatient." 01/18/21 indicated: "Foley amber colored, noted to nguinal Hernia. Requires ist of 1-2 staff for the re." 02/24/21 indicated: patient was recently seen at here for progressive ed for inpatient therapy. which we removed during his reinserted by urologist and charge. Resident denies ortness of breath, denies es nausea or vomiting. etabolic encephalopthy, mia, urinary trac infection, whol abuse, inguinal hernia, medication administration riented x 3 white male no pocephaic lungs are clear mal, abdomen is soft non	F	661			
	Follow up with pcp wi medications as presc wheelchair due to ina	ribed sending home with					

Facility ID: VA0289

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CENTERS FOR MEDICARE & MEDI	IMAN SERVICES CAID SERVICES			FORI	M APPROVED D. 0938-0391
	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		PLE CONSTRUCTION	COMF	E SURVEY PLETED C
	495340	B. WING			/03/2021
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
NEWPORT NEWS NURSING & REHAB			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID SUMMARY STATEMEI PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 661Continued From page 12 periods and tend to ADL's. himself freely through out the floor with a wheelchair. Will to wife, home health pt/ot/s treat. Home health to follow and change q month."During an interview at 9:23 Resident #4's wife, she state scheduled follow-up care he A review of the clinical recond that Resident #4 was provisored for hernia surgery up facility. There was indication were made for Resident #4 post-discharge medical ser During an interview on 06/0 with the Director of nursing #4 was not given a prescription by the discharging physicial arrangements made for our for Resident #4.Complaint Deficiency Physician Visits - Review O CFR(s): 483.30(b)(1)-(3)§483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the r of care, including medication each visit required by parages section; §483.30(b)(2) Write, sign, a	he house on the first I be discharging home in/sw/aide eval and v Foley catheter care a.m. on 06/03/21 with ted, "The facility never ternia surgery." ords did not indicate ded with a physician's on discharge from the on that arrangements I's follow up care and vices. 03/21 at 10:17 a.m. the stated, Resident of hernia surgery an nor were t patient hernia surgery Care/Notes/Order	F 66			7/13/21

Event ID: NDH811

Facility ID: VA0289

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	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	PLE CONSTRUCTION		TE SURVEY MPLETED	
		495340	B. WING		C 06/03/2021		
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE			
NEWPOR	T NEWS NURSING & RE	HAB		12997 NETTLES DRIVE			
				NEWPORT NEWS, VA 23602			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 711	Continued From page	e 13	F 7 ⁻	11			
	notes at each visit; ar	nd					
	exception of influenza						
	vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.						
	by: Based on a complair record review, staff ir	JIREMENT is not met as evidenced a complaint investigation, medical iew, staff interviews and facility review the facility staff failed to appure		1. Residents #5, #7, and #2 no reside at the facility.	o longer		
	the Physician Review on the discharge sum	-		2. On 06/01/2021, the orders of admissions/readmissions for the second s	ne past 30		
	survey sample in reg medication, an anti-d	or 3 of 7 residents in the ards to a significant seizure epressant and a sident #5, Resident #7 and		days were reviewed to verify o accurately transcribed. Discrep were clarified, and resulting ne were obtained.	oancies		
	The findings included	l:		3. On 06/14/2021, the Executiv and Director of Nursing (DON) physicians on conducting thore	educated		
	1/9/21 with diagnoses Seizure Disorder, left Osteoporosis and Ce	admitted to the facility on s to include but not limited to : leg Deep Vein Thrombosis, rrebral Vascular Accident. charged from the facility on		reviews of admission/readmiss to verify that hospital discharge accurately transcribed and disc clarified prior to signing.	e orders are		
	1/17/21.			The DON/Designee will audit r each admission/readmission o	n next		
	Data Set was a 5-day Reference Date of 1/ Interview for Mental S	prehensive (MDS) Minimum / with an (ARD) Assessment 15/21. The (BIMS) Brief Status for Resident #5 was ch indicated the resident was		clinical morning meeting to ver discharge orders have been re discrepancies clarified, and ac transcribed.	conciled,		
	mildly cognitively imp decision making.	aired but capable of daily		4. The DON/Designee will aud each admission/readmission fi week for four weeks to verify th	ve days per nat		
		al Discharge Summary dated and is documented in part,		physician reconciliations have completed within 72 hours, the			

Event ID: NDH811

Facility ID: VA0289

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	-	ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 03/07/2022 FORM APPROVED OMB NO. 0938-0391		
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495340	B. WING		C 06/03/2021		
	ROVIDER OR SUPPLIER	НАВ		STREET ADDRESS, CITY, STATE, 12997 NETTLES DRIVE	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION (X5) E ACTION SHOULD BE COMPLETION D TO THE APPROPRIATE DATE CIENCY)		
F 711	Discharge Take these medication Vimpat 200 MG (milli Generic drug: lacosa 1 tablet, Oral 2 times Other Instructions: Please take the medi instructed including S anticoagulants. Vimpat Medication G Staff Member) #1 wa documented in part, a Vimpat is a prescripti anticonvulsant) used seizures and with oth generalized tonic-clou What is the most imp know about VIMPAT VIMPAT without first provider. Stopping V serious problems. St suddenly in a patient seizures that will not How long does it take After taking lacosami are reached in 1 to 4 hours for the amount bloodstream to fall by	Medication List at Time of ons: gram) tablet amide a day cations on a daily basis as beizure medications and uide provide by OSM(Other s reviewed and is as follows: on medicine (to treat partial-onset rer medicines to treat primary nic seizures. ortant information I should ?: DO not stop taking talking to your healthcare 'IMPAT suddenly can cause topping seizure medicine who has epilepsy can cause stop (status epilepticus). e for Vimpat to kick in? de, the highest blood levels hours. It takes about 13 of medicine in the y at least 50%. This means buld be taken twice a day,	F 7	11 audit five admissions/r weekly for four weeks, admissions/readmissio two months or until res The DON will report fir the Quality Assurance Improvement Committ three months or until re 5. Date of Compliance	then five ons per month for solved. ndings of audits to Performance see monthly for esolved.		

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		ID HUMAN SERVICES MEDICAID SERVICES				FORI	M APPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		495340	B. WING _				C / 03/2021
NAME OF P	ROVIDER OR SUPPLIER	L		S	STREET ADDRESS, CITY, STATE, ZIP CODE		
NEWPOR	T NEWS NURSING & RE	HAB			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 711	Continued From page	e 15	F	711			
	Orders) dated 1/9/202 and under Pharmacy	Summary Report (Physician 21 -1/15/2021 was reviewed there was no physician MG (milligram) tablet, 1 day noted.					
	Record dated 1/1/202 and there was no phy	Medication Administration 21-1/31/2020 was reviewed vsician order for Vimpat 200 , 1 tablet, Oral 2 times a day					
	and Physical dated 1, ASM(Administrative S	an Medication Admit History /11/21 signed by Staff Member) #4 was mented in part, as follows:					
	History of Present Illn pleasant 56-year-old history of seizure disc	black female who has a					
	Past Medical History:	12. Seizure Disorder					
		tions have been reviewed. dication Administration					
	Plan: Medications has signed.	ve been reviewed and					
	conducted with ASM Member) #4 regardin medication Vimpat. A that the medication w discharge summary of Resident #5 had not	g Resident #5's anti-seizure SM #4 was made aware as not transcribed from the					

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		MEDICAID SERVICES	a			O. 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	· · ·	E SURVEY	
			A. BUILDING			С	
		495340	B. WING				
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	- 06/03/2021 ATE, ZIP CODE		
				12997 NETTLES DRIVE			
NEWPOR	T NEWS NURSING & RE	HAB		NEWPORT NEWS, VA 23602			
	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETIO DATE	
F 711	Continued From pag	e 16	F 711				
		I read over everything, the					
		the discharge summary then					
	-	I spend well over an hour					
		. If the Vimpat was on the					
		on the medication list, it					
		anscribed over. It shouldn't					
	have happened, whe	en I do admits I find lots of					
	errors and correct the	em. This one got by me."					
	On 6/3/21 at 11:30 a	.m., Surveyor #2 conducted					
		Director of Nursing (DON),					
	the Administrator req	uested that he join the					
	interview. The DON						
		ut her stay that she was not					
		npat upon her admission					
		o her hospital discharge					
	resident's admission	nued to say, "From a					
		, the resident's hospital					
		ns, verifies, reconciles and					
	-	ed into the system. Within					
		sician comes in, reviews the					
		igns the orders. We all					
		nistrator stated that during a					
	phone interview with	Surveyor #1 on 6/2/21, it					
	was identified Reside	ent #5 never received the					
		on, thus an immediate audit					
		s completed and he identified					
		ted by the same practice.He					
		problem and accept what					
		ent #5's name), and we will fix					
		always be for the residents." Id an extensive stack of					
		a an extensive stack of said, "We did an immediate					
		tensive education with all					
		will continue educating until					
		re educated along with					
		this does not happen again.					
	Like I said, we own a						

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495340	B. WING				C 03/2021
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
NEWPOR	T NEWS NURSING & RE	НАВ			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
F 711	Continued From page	9 17	F	711			
		d "Medical Care/Standards ed 3/3/2021 was reviewed part, a follows:					
	resident. Physician s not limited to: -Admission orders are resident's current phy	Admission orders are consistent with the resident's current physical and mental status.					
	 -Admission orders are verified on admission. The attending physician will complete a history and physical on all residents as required by the applicable state law. -The discharge summary completed by the physician at the time of discharge from the hospital may be used as the Admission history and physical provided the following conditions exist: -The admitting physician verifies within 48 hours of admission to the Center the information is accurate and relevant and/or adds additional information as needed to update the discharge summary to reflect current resident status. On 6/3/21 at approximately 3:28 P.M. a pre-exit debriefing was conducted via phone with ASM #1, ASM #2, ASM #3 and CSM (Corporate Staff 						
	 shared. Prior to exit i shared. 2. For Resident #7 th ensure the Physician Orders based on the accurate for an anti-d Resident #7 received 	e above information was no further information was e facility staff failed to Review of Admission discharge summary was epressant. As a result, Zoloft/Sertraline for two y staff discontinued the					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION APPORT NEWS NURSING & REHAB NEWPORT NEWS NURSING & REHAB (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG			A. BUILDING B. WING S	E CONSTRUCTION STREET ADDRESS, CITY, ST 2997 NETTLES DRIVE IEWPORT NEWS, VA 2 PROVIDER'S	— TATE, ZIP CODE	FORM OMB NO (X3) DATE COMP	0: 03/07/2022 1 APPROVED 0. 0938-0391 SURVEY LETED 0 03/2021 (x5)
			PREFIX TAG	CROSS-REFEREN	CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 711	on 04/05/21 and disch community. Diagnosis but not limited to Dysp Phase, Unsteadiness Failure to Thrive. The current Minimum admission assessmer Reference Date (ARD resident as completin Mental Status (BIMS) possible 15. This indic abilities for daily decis In section "G"(Physica was coded as requirir one person with bed r and personal hygiene eating. Requires limite with toileting. Requirir person with bathing. The Care Plan Reads risk for falls r/t (related Minimize the risk of fa date. (Director of Clin Date: 04/24/2021 Min medication(s) contribu balance disturbance, disorders; increasing reduced by the review Ensure proper footwe Ensure that the reside footwear/non-skid soor mobilizing in w/c. Anti resident's needs. Be s	nally admitted to the facility harged on 04/13/2021 to the s for Resident #7 included ohagia, Oropharyngeal on the Feet and Adult Data Set (MDS), an nt with an Assessment 0) of 4/12/2021 coded the g the Brief Interview for and scoring 14 out of a cated Resident #7 cognitive sion making were intact. al functioning) the resident g extensive assistance of mobility, transfers, dressing . Requiring set up help with ed assistance of one person ing total dependence of one s: Focus: Resident #7 is at d/to) confusion. Goal: ills through next review ical Services, RN) Target imize the side effects of uting to gait disturbance, syncope, movement the resident's fall risk will be v date. Interventions: ar, non-skid footwear. ent is wearing appropriate cks when ambulating or	F 711				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	
		495340	B. WING				03/2021
NAME OF PI	ROVIDER OR SUPPLIER		I	:	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.	
NEWPOR	I NEWS NURSING & REI	HAB			12997 NETTLES DRIVE		
					NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 711	Continued From page	e 19	F	711	1		
	it for assistance as ne	eded.					
	The Physician order s 4/05/21 reads: Zoloft by mouth in the eveni thrive. Order Date 4/0 A review of the MAR Record) reveal that R of Zoloft on 4/06/21 a PM) before the medic the facility staff. According to the MAF mouth in the evening 4/08/21 at 1521 (3:21 A review of the hospit reads: STOP taking th (ZOLOFT) 25 mg PO for Stopping: Change A review of nursing no (3:15 PM) reveal that called and spoke with Nursing/Admin. Staff	Summary active orders as of Tablet 25 MG Give 1 tablet ng related to adult failure to 05/21. Start Date 4/06/21. (Medication Administration esident #7 received 2 doses nd 4/07/21 at 1700 (5:00 cation was discontinued by R Zoloft 25 MG 1 Tablet by was discontinued on PM). Cal discharge summary nese medications: sertraline TABS. Comments: Reason d to Remeron. Dotes dated 4/8/2021 at 15:15 Resident #7's daughter the DON (Director of #2) and with the unit					
	managers regarding t	he list of the resident lested for the Zoloft to be d/c					
	Practitioner) to d/c the per NP the medication Review of progress n (Licensed Practical N	e Zoloft per family request, n was d/c'd. otes show 4/05/21- LPN urse) #7 received a drug (s)					
	The system has iden interaction with the fo 25 MG. Give 1 tablet	h 4/5/2021 20:18 (8:18 PM). tified a possible drug llowing orders: Zoloft Tablet by mouth in the evening LURE TO THRIVE (R62.7).					

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		ID HUMAN SERVICES				FORM	M APPROVED
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	E CONSTRUCTION	(X3) DATE	D. 0938-0391 SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG_			PLETED
		495340	B. WING				C 103/2021
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NEWPOR ¹	T NEWS NURSING & RE	НАВ			12997 NETTLES DRIVE		
			ID	1	NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG				х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 711	Continued From page	20		744			
	Severity: Severe. Inte		F	711			
	serotonergic effects n						
		ctive serotonin reuptake					
		d Mirtazapine Tablet 7.5MG, pping serotonin syndrome					
	may be increased.						
		notes reveal: 4/5/2021 20:18					
		e Note Text: The order you					
	have entered Mirtaza Give 1 tablet by mou	th at bedtime related to					
	ADULT FAILURE TO	THRIVE.					
	Has triggered the foll						
	alerts/warning(s). Dh	ug to Drug Interaction.					
		tal clinical record reads:					
	Prior to starting Reme low-dose Zoloft which	eron he (Resident #7 was on n was discontinued.					
	Current Discharge Me	edication List reads: Stop					
	taking these medicati	ons: Sertraline/Zoloft 25					
	MG. Comments: Rea to Remeron.	son for stopping: Changed					
	A review of the hospit	tal medication administration					
	-	rtraline/Zoloft 25 mg was					
	ordered on 3/24/21 a	nd discontinued on 3/27/21.					
	•	/ discharge prescriptions					
	show no copy of Zolo	tt/Sertraline.					
	On 6/02/21 at approx	-					
		ted with the OSM (Other cerning Resident #7. She					
		strative Staff Member) #4					
	does the initial H&P (History and Physical). He					
	-	o help pick up his eating. loft for two days it's a low					
		that stays in the system for 2					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495340	B. WING _				C 1 03/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	НАВ			2997 NETTLES DRIVE IEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)					(X5) COMPLETION DATE
F 711	days. He was on Ren appetite. He should h all." On 6/03/21 an intervie (Licensed Practical N 10:30 AM., concernin don't remember the re the surveyor to explai He stated, "On new a doctor if there is a bla on the 24 hour report verified by the doctor. discharged we print of discharged paper wor services. An interview was con approximately 12:20 I Resident #7 being pre Remeron due to the b stated, "Remeron hel sleep. They gave the stopped it! His discha hospital reads on 4/02 Zoloft change to reme was to be changed. It stopped it. They were Zoloft to remeron. On 6/03/21 at approx interview was conduct Resident #7. She stat the hospital. I got the discontinue the Zoloft Basically, on the discontinue the Zoloft	heron to increase his ave not been on Zoloft at ew was conducted with LPN urse) #7 at approximately g Resident #7. He stated, "I esident." He was asked by in flags on new admissions. dmissions it flags on the tack box warning. That goes . You have to get the meds . You have to get the meds . No issues. When they are but the prescriptions. Most rk is done by Social ducted on 6/03/21 at PM with OSM #1 concerning escribed Zoloft and black box warning. He ps with depression and Zoloft for a few days and urge summary from the 5/21 it says stop taking eron. They missed the fact it : appears they should have e suppose to change from imately 2:50 PM an ted with ASM #2 concerning ted, "It was discontinued at NP (Nurse Practitioner) to t. Per family request. harge summary it stated to have never been placed on /Zoloft listed on the	F	711			

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391		
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '				PLETED		
		495340	B. WING				C 103/2021		
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE				
NEWPOR	T NEWS NURSING & REI	НАВ			2997 NETTLES DRIVE IEWPORT NEWS, VA 23602				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE		
F 711	Continued From page	22	F	711					
	received from OSM # He stated, the medica discontinued before I the admissions pharm to stop the drug and t On 6/03/21 at approx interview was conduct Resident #7. When th the hospital. I verify th the discharge summa made a mistake and g come from the hospita On 6/03/21 at approx interview was conduct and Corporate staff # allegations. No quest On 6/03/21 at approx phone call was made #1(OSM/Pharmacist) stated, "When I visite was already discharg did not have access t the time. She was do limited information." On 6/03/21 A phone of the previous pharmacion OSM #1. A voice mess phone call was receive On 6/03/21 at approx exit conference the A were asked to explain	got there. It was missed by hacist. It said pretty clearly hey didn't." imately 5:10 PM an ted with ASM #4 concerning ney (residents) come from he medications, go through try. The nurses could have given it. Sometimes errors al." imately 5:21 PM an ted with ASM #1, ASM #2 1 concerning Resident #7's ions were voiced. imately 5:30 PM a return from Others Staff Member concerning Resident #7. He d the facility on 4/22/21 he ed. The previous pharmacist o PCC (Point Click Care) at ing a review based on call was made at 5:34 PM to cist mentioned in question by asage was left. No return							

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 03/07/2022 APPROVED 0: 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495340	B. WING		_	06/) 03/2021
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, S	TATE, ZIP CODE	_	
NEWPOR	T NEWS NURSING & REI	IAB		2997 NETTLES DRIVE	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 711	being admitted to their The ASM #2 stated, " the admissions summ Nurse Practitioner to a discharge summary a medications and diag well. He will take 72 h We review new meds the doctor comes in w discharge summary." On 6/03/21 at approxi- was sent to the facility email the following po- administration proced errors and unnecessa None of the above po- Serotonin syndrome s after you take a new r serotonin levels or aft current drug. Sympton Agitation or restlesson Headache, Nausea, N disorders, digestive d muscle control or twitt serotonin syndrome o 911 or go to the emer of these symptoms: H- heartbeat,Passing ou Serotonin Syndrome o 911 or go to the emer of these symptoms: H- heartbeat,Passing ou Serotonin Syndrome of Medications usually c especially certain anti at higher risk if you ta supplements <https: www.webmd.<br="">nts/lifestyle guide that Selective serotonin re</https:>	ir facility from the hospital. "When they come in with harry we will call the doctor or verify medications on the and also they verify noses through the doctor as hours to review medications. In the morning meeting and within 48 hours to review the imately 4:00 PM an email y Administrator asking him to blicies: Medication lures. Significant medication ary medications. blicies were received. Symptoms often begin hours medication that affects your ter you raise your dose of a ms may include: Confusion, ess, Dilated pupils, /omiting, digestive isorders, diarrhea, Loss of ching. In severe cases, an be life-threatening. Call gency room if you have any ligh fever,Seizures, Uneven	F 711				

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 03/07/2022 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495340	B. WING _			_		C 03/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	TATE, ZIP CODE		
	T NEWS NURSING & REI			12	2997 NETTLES DRIVE			
NEWFOR				Ν	EWPORT NEWS, VA 2	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 711	RALINE+- +ORAL.aspx?drugid= https://www.webmd.cr nin-syndrome-causes 3. Resident #2's atten include in the review of to include reconciliation continued from the hos for management of hy pressure). Resident #2 was adm on 5/12/21 for skilled fracture of left ankle. with a diagnosis of hig The Admission Minim assessment dated 5/1 the Brief Interview for score of 15 out of a po- indicated she possess cognitive skills for dai Resident #2 was not a as an active diagnosis The General Discharg identified metoprolol 7 (po) as one of the me taking daily in the hos to the nursing facility. Discharge Summary,	y work by raising your se drugs include: om/drugs/mono-8095-SERT 35&drugname=zoloft+oral>) om/depression/guide/seroto -symptoms-treatments. dding physician failed to of the total program of care on of all medications to be ospital, namely metoprolol /pertension (high blood ditted to the nursing facility services due to status post The resident was admitted gh blood pressure. um Data Set (MDS) 18/21 coded the resident on Mental Status (BIMS) with a ossible score of 15 which sed independent and intact ly decision making. assessed for hypertension s. ge Summary dated 5/10/21 75 milligram (mg) by mouth dications the resident was opital prior to her admission According to the General Metoprolol was to continue medication for the treatment	F	711				

Facility ID: VA0289

If continuation sheet Page 25 of 60

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 03/07/2022 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION		(X3) DATE SURVEY COMPLETED C	
		495340	B. WING _			_		_ 03/2021
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	HAB			2997 NETTLES DRIVE EWPORT NEWS, VA 2	3602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 711	Manager, Licensed P resident missed 5 or 6 5/12-17/21. She state 24-48 hours of a resid all medications with th summary's list of medication continued flow of adm the hospital. LPN #2 ordered the medication "We missed this medic one knows how we di I am happy her blood okay until the medication one knows how we di I am happy her blood okay until the medication one knows how we di I am happy her blood okay until the medication one knows how we di I am happy her blood okay until the medication one 6/3/21 at 11:30 a. an interview with the I the Administrator requiraterview. The DON s during stand up meeti Interdisciplinary team discussed and the 24 important information admission, the nurse reviews the resident's medications, verifies, are uploaded into the hours, the physician of and officially signs the the metoprolol was m On 6/3/21 at approxim debriefing, with the Ad Nursing (DON) and th Clinical Services, no f	h., according to the Unit ractical Nurse (LPN #2) the 6 days of Metoprolol from ed the physician visits within dent's admission, reconciles he hospital discharge lications to make sure a hinistered medications from stated that they physician on on 5/18/21, She said, ications for several days. No scovered it was missed, but pressure readings were tion was re-started here." m., Surveyor #2 conducted Director of Nursing (DON), uested that he join the tated, "Every morning ings, with the (IDT), new admissions are hour report also reveals . From a resident's calls the physician and hospital discharge reconciles and then they system. Within 24-48 comes in, reviews the meds e orders." It was determined issed by the physician. mately 6:30 p.m. during the dministrator, Director of further information was e aforementioned issue.	F	711				

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	S FOR MEDICARE &					<u>IO. 0938-039</u>	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		TE SURVEY MPLETED	
		495340	B. WING		0	C 6/03/2021	
IAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	•		
NEWPOR	T NEWS NURSING & RE	НАВ		2997 NETTLES DRIVE IEWPORT NEWS, VA 23602			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE	
F 756	Continued From page	e 26	F 756				
	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)		F 756			7/13/21	
		imen Review. ug regimen of each resident least once a month by a					
	§483.45(c)(2) This re of the resident's med	eview must include a review ical chart.					
	irregularities to the at facility's medical dire and these reports mu (i) Irregularities inclu drug that meets the c (d) of this section for (ii) Any irregularities during this review mu separate, written rep attending physician a director and director minimum, the resider and the irregularity th (iii) The attending phy resident's medical re irregularity has been action has been take be no change in the	de, but are not limited to, any criteria set forth in paragraph an unnecessary drug. noted by the pharmacist ust be documented on a ort that is sent to the and the facility's medical of nursing and lists, at a nt's name, the relevant drug, he pharmacist identified. ysician must document in the cord that the identified reviewed and what, if any, n to address it. If there is to medication, the attending sument his or her rationale in					
	maintain policies and drug regimen review	cility must develop and I procedures for the monthly that include, but are not s for the different steps in					

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FOF	0. 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED	
		495340	B. WING _		C 06/03/2021		
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE	• • •		
				12997 NETTLES DRIVE			
NEWPOR	T NEWS NURSING & REI	HAB		NEWPORT NEWS, VA 23602			
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 756	when he or she identi requires urgent action This REQUIREMENT by: 3. The facility staff fa accuracy of medication discharge summary w to the nursing facility Resident #2 was adm on 5/12/21 for skilled fracture of left ankle. with a diagnosis of hig The Admission Minim assessment dated 5/7 the Brief Interview for score of 15 out of a p indicated she possess cognitive skills for dai Resident #2 was not as an active diagnosis The General Discharg identified metoprolol (po) as one of the me taking daily in the hos to the nursing facility. Discharge Summary, as a scheduled daily and control of high bla On 6/3/21 at 5:00 p.m Manager, Licensed P resident missed 5 or 0 5/12-17/21. She state medications for the ne	fies an irregularity that to protect the resident. is not met as evidenced ailed to reconcile and ensure by thin 72 hours of admission for Resident #2. within 72 hours of admission for Resident #2. within 72 hours of admission for Resident #2. withed to the nursing facility services due to status post The resident was admitted gh blood pressure. um Data Set (MDS) 18/21 coded the resident on Mental Status (BIMS) with a ossible score of 15 which sed independent and intact ly decision making. assessed for hypertension s. ge Summary dated 5/10/21 75 milligram (mg) by mouth dications the resident was spital prior to her admission According to the General Metoprolol was to continue medication for the treatment bod pressure. n., according to the Unit ractical Nurse (LPN #2) the 6 days of metoprolol from ed the pharmacy ensures all ew admissions are reviewed ate within 72 hours of their	F 7	 56 1. Resident #7 no longer reside facility. 2. Current residents have the pole affected. On 06/01/2021, the of Nursing (DON) and the nurse management team conducted at the records of new admits/readm the last 30 days. Discrepancies immediately corrected in respect resident medical records, and M immediately notified. No outstar pharmacy reviews were noted. 3. On 06/10/2021, the pharmacy consultant was educated by the related to policy and procedure f completing review of orders on admissions/readmissions, ensur accuracy and completeness with hours. 4. The DON/Designee will audit each admission/readmission five week for four weeks to verify that pharmacy reviews have been communicated to the physician, subsequent orders have been ellinto the medical record. Randor of five admissions/readmissions for four weeks will then be condutioned by another audit of five admissions per month for two m until resolved. 	otential to e Director n audit of nits within were tive ID was nding / DON for for for ring nin 72 records of e days per at npleted, and that ntered m audits weekly ucted		

Facility ID: VA0289

		MEDICAID SERVICES				. 0938-039		
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	PLE CONSTRUCTION G	(X3) DATE COMP	SURVEY LETED		
					0)		
		495340	B. WING			03/2021		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE			
NEWPOR	T NEWS NURSING & RE	НАВ		12997 NETTLES DRIVE NEWPORT NEWS, VA 23602				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE		
F 756	Continued From page	e 28	F 75	56				
	metoprolol was not continued from the LPN #2 stated that they physician orde medication on 5/18/21, She said, "We i medications for several days. No one k we discovered it was missed, but I am blood pressure readings were okay unt medication was re-started here."	ontinued from the hospital. hey physician ordered the 1, She said, "We missed this ral days. No one knows how missed, but I am happy her ngs were okay until the		The DON will report findings the Quality Assurance Perfor Improvement Committee mo three months or until resolve 5. Date of Compliance: 07/13	mance nthly for d.			
	On 6/3/21 at 11:30 a.m., Surveyor #2 conducted an interview with the Director of Nursing (DON), the Administrator requested that he join the interview. The DON stated, " By 72 hours, the pharmacy will review the discharge medications and the uploaded medications in the system for residents." It was determined that the pharmacy review failed to identify the metoprolol was not continued based on the discharge medication list.							
	debriefing, with the A Nursing (DON) and the Clinical Services, no provided regarding the Based on a complain record review, staff in document review the a 72 hour new admission the discharge sum reconciled/accurate for survey sample in reg medication, an anti-d	facility staff failed to ensure sion pharmacy review based mary was for 3 of 7 residents in the ards to a significant seizure						
	The findings included	1:						
	1/9/21 with diagnose	admitted to the facility on s to include but not limited to t leg Deep Vein Thrombosis,						

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		D HUMAN SERVICES				FORM	D: 03/07/2022
STATEMENT O	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	ECONSTRUCTION	(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING _			
		495340	B. WING				C 103/2021
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	-	
NEWPOR	T NEWS NURSING & REI	HAB			2997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 756	Osteoporosis and Ce Resident #5 was disc 1/17/21. The most recent com Data Set was a 5-day Reference Date of 1/ Interview for Mental S scored as an 11, whic mildly cognitively impu- decision making. Resident #5's Genera 1/8/21 was reviewed a as follows: Medications: Home M Discharge Take these medication Vimpat 200 MG (millig Generic drug: lacosa 1 tablet, Oral 2 times Other Instructions: Please take the medic instructed including S anticoagulants. Vimpat Medication Ge Staff Member) #1 was documented in part, a Vimpat is a prescriptic anticonvulsant) used seizures and with oth- generalized tonic-clor	rebral Vascular Accident. harged from the facility on prehensive (MDS) Minimum with an (ARD) Assessment 15/21. The (BIMS) Brief status for Resident #5 was th indicated the resident was aired but capable of daily al Discharge Summary dated and is documented in part, Medication List at Time of ns: gram) tablet mide a day cations on a daily basis as eizure medications and uide provide by OSM(Other is reviewed and is as follows: on medicine (to treat partial-onset er medicines to treat primary	F	756			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	E SURVEY PLETED
		495340	B. WING				C / 03/2021
NAME OF P	ROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE	·	
NEWPOR	T NEWS NURSING & REI	НАВ			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 756	know about VIMPAT? VIMPAT without first t provider. Stopping V serious problems. St suddenly in a patient seizures that will not s How long does it take After taking lacosamia are reached in 1 to 4 hours for the amount bloodstream to fall by that the medicine sho about 12 hours apart. Resident #5's Order S Orders) dated 1/9/202 and under Pharmacy order for Vimpat 200 tablet, Oral 2 times a Resident #5's (MAR) Record dated 1/1/202 and there was no phy MG (milligram) tablet, noted. Resident #5's Progree reviewed and is docu 1/13/2021 14:45 Phan Text: This resident 's electronic documenta date. See report for a and/or recommendati information available and assuming the acc	 b) Do not stop taking alking to your healthcare IMPAT suddenly can cause opping seizure medicine who has epilepsy can cause stop (status epilepticus). c) for Vimpat to kick in? de, the highest blood levels hours. It takes about 13 of medicine in the at least 50%. This means build be taken twice a day, Summary Report (Physician 21 -1/15/2021 was reviewed there was no physician MG (milligram) tablet, 1 day noted. Medication Administration 21-1/31/2020 was reviewed visician order for Vimpat 200 , 1 tablet, Oral 2 times a day ss Noted dated 1/13/21 was mented in part, as follows: rmacy Consultant Note medical record including tion was reviewed on this any noted irregularities ons. Based upon the at the time of the review, curacy and completeness of my professional judgment 	F	756			

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 03/07/2022 APPROVED 0. 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE COMP	SURVEY LETED	
		495340	B. WING		_	C 06/03/2021		
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	TATE, ZIP CODE	-		
NEWPOR	T NEWS NURSING & REI	HAB		2997 NETTLES DRIVE	23602			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 756	defined in SOM Appe purposes of the foreg "irregularity" means a is substantially incons accepted clinical appr pharmaceutical produ- could reasonably be e- interfere with the achi- reasonably expected On 6/2/20 at 7:48 P.M conducted with OSM(regarding the medica OSM #1 stated, "I wa facility them, however was found on the 72 M pharmacy reconciliated discharge summary w and it was reviewed b 1/13/21. I see on the resident should have and Vimpat. I see wh the pharmacist. I do s summary the Vimpat medication. It appear the review." On 6/3/21 at 2:30 P.M conducted with the AS #5 not receiving Vimp facility. The ASM #2 that should not have M been caught earlier, r here missed it. We m attention."	 new irregularities (as ndix PP 483.60(c)). For oing statement, the term n event or circumstance that sistent with customary, roaches to providing acts and services, or that expected to impede or evement of intended or outcomes. A a phone interview was (Other Staff Member) #1 tion Vimpat for Resident #5. sn't the pharmacist for this r I have access to see what hour new admission on for the resident. The vas in the system on 1/9/21 by the pharmacist on discharge summary the been on Keppra, Clobazam here no errors were found by 	F 756					

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	-	D HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>`</i>		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		495340	B. WING				C / 03/2021
NAME OF P	ROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	НАВ			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 756	the Administrator requinterview. The DON's recognized throughou administered the Vimi (1/9/21), according to summary." She contrint the pharmacy will revimedications and the usystem for residents. Administrator stated the with Surveyor #1 on 60 Resident #5 never recardmission, thus an imadmissions was compother residents affects stated, "We own this phappened to (Resider it. Our concern will all The Administrator had collated papers and sequences, and all licensed nurses, and all licensed nurses are monitoring to ensure the I said, we own are On 6/3/21 at approxim debriefing was conducted as a reconciled/accurate for a significant anti-depresed on the original sequences.	uested that he join the tated, "We never at her stay that she was not pat upon her admission her hospital discharge nued to say, " By 72 hours, iew the discharge uploaded medications in the We all missed it." The hat during a phone interview 5/2/21, it was identified ceived the Vimpat from amediate audit of all bleted and he identified ed by the same practice. He problem and accept what nt #5's name), and we will fix ways be for the residents." d an extensive stack of aid, "We did an immediate ensive education with all will continue educating until e educated along with this does not happen again. nd accept the problem." nately 3:28 P.M. a pre-exit cted via phone with ASM #1, I CSM (Corporate Staff e above information was no further information was	F	756			

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 03/07/2022 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495340	B. WING			– C – 06/03/2021		
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	НАВ			12997 NETTLES DRIVE NEWPORT NEWS, VA 2	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 756	community. Diagnosi but not limited to Dysp Phase, Unsteadiness Failure to Thrive. The current Minimum admission assessment Reference Date (ARE resident as completin Mental Status (BIMS) possible 15. This india abilities for daily decise In section "G"(Physical was coded as requirin one person with bed n and personal hygiene eating. Requires limits with toileting. Requiring person with bathing. The Care Plan Reads risk for falls r/t (related Minimize the risk of fa date. (Director of Clin Date: 04/24/2021 Min medication(s) contribu- balance disturbance, disorders; increasing reduced by the review Ensure proper footwee Ensure that the reside footwear/non-skid soot mobilizing in w/c. Anti- resident's needs. Be a is within reach and en- it for assistance as neu-	harged on 04/13/2021 to the is for Resident #7 included phagia, Oropharyngeal on the Feet and Adult Data Set (MDS), an it with an Assessment 0) of 4/12/2021 coded the g the Brief Interview for and scoring 14 out of a cated Resident #X cognitive sion making were intact. al functioning) the resident ng extensive assistance of mobility, transfers, dressing r. Requiring set up help with ed assistance of one person ng total dependence of one s: Focus: Resident #7 is at d/to) confusion. Goal: alls through next review ical Services, RN) Target imize the side effects of uting to gait disturbance, syncope, movement the resident's fall risk will be v date. Interventions: ar, non-skid footwear. ent is wearing appropriate cks when ambulating or cipate and meet the sure the resident's call light neourage the resident to use	F	756				

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 03/07/2022 MAPPROVED D: 0938-0391
STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG _			C
		495340	B. WING				03/2021
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	HAB			2997 NETTLES DRIVE IEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 756	4/05/21 reads: Zoloft by mouth in the eveni thrive. Order Date 4/0 A review of the MAR (Record show that Reso of Zoloft on 4/06/21 a PM). According to the MAR mouth in the evening 4/08/21 at 1521 (3:21 A review of the hospit reads: STOP taking the (ZOLOFT) 25 mg PO for Stopping: Change A review of the hospit dated 4/05/21 reads: was on low-dose Zolo Current Discharge Me reads: Stop taking the Sertraline/Zoloft 25 M stopping: Changed to A review of the hospit record reveal that Ser ordered on 3/24/21 at A review of the facility show no printed copy given at discharge on A review of nursing no (3:15 PM) reveal that	Tablet 25 MG Give 1 tablet ng related to adult failure to 15/21. Start Date 4/06/21. (Medication Administration sident #7 received 2 doses nd 4/07/21 at 1700 (5:00 & Zoloft 25 MG 1 Tablet by was discontinued on PM). al discharge summary nese medications: sertraline TABS. Comments: Reason d to Remeron. al clinical discharge notes Prior to starting Remeron he off which was discontinued. edication List dated 4/05/21 ese medications: G. Comments: Reason for Remeron. al medication administration traline/Zoloft 25 mg was nd discontinued on 3/27/21. discharge prescriptions of Zoloft/Sertraline was 4/13/21. otes dated 4/8/2021 at 15:15 Resident #7's daughter the DON (Director of #2) and with the unit	F	756			

If continuation sheet Page 35 of 60

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		495340	B. WING				C / 03/2021
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
NEWPOR	T NEWS NURSING & REI	НАВ			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 756	medications and requi (discontinued) and sp Practitioner) to d/c the per NP the medication A Review of progress LPN (Licensed Practi drug (s) interaction wa (8:18 PM). The system has iden interaction with the fo 25 MG. Give 1 tablet related to ADULT FAI Severity: Severe Interaction: Additive occur during co admin serotonin reuptake inf Mirtazapine Tablet 7. developing serotonin increased. On 6/02/21 at approx interview was conduct Staff Member) #5 cor stated, ASM (Adminis does the initial H&P (was given Remeron t Even if he had the Zo dose antidepressant f days. He was on Rem appetite. He should h all." On 6/03/21 an intervie (Licensed Practical N 10:30 AM., concernin don't remember the re the surveyor to explai	ested for the Zoloft to be d/c boke with NP (Nurse e Zoloft per family request, in was d/c'd. notes show on 4/05/21 that cal Nurse) #7 received a arning on 4/5/2021 20:18 tified a possible drug llowing orders: Zoloft Tablet by mouth in the evening LURE TO THRIVE (R62.7). serotonergic effects may histration of selective hibitors (SSRIs) and 5MG, and the risk of syndrome may be imately 4:35 PM., an ted with the OSM (Other incerning Resident #7. She strative Staff Member) #4 History and Physical). He o help pick up his eating. loft for two days it's a low that stays in the system for 2	F	756			

Facility ID: VA0289

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	E SURVEY PLETED	
		495340	B. WING			C 06/03/2021		
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE			
NEWPOR	T NEWS NURSING & REI	HAB			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 756	doctor if there is a bla on the 24 hour report verified by the doctor. discharged we print of discharged paper wor services. An interview was con approximately 12:20 If Resident #7 being pre Remeron due to the b stated, "Remeron hel sleep. They gave the stopped it! His discha hospital reads on 4/02 Zoloft change to reme was to be changed. It stopped it. They were Zoloft to remeron. On 6/03/21 at approx interview was conduct Resident #7. She stat the hospital. I got the discontinue the Zoloft Basically, on the disc discontinue. It should there. (the medication discharge summary). ¹⁰ On 6/03/21 at 5:00 Pf received from OSM # He stated, the medicat discontinued before I the admissions pharm to stop the drug and t On 6/03/21 at approx	Ack box warning. That goes You have to get the meds No issues. When they are out the prescriptions. Most the is done by Social ducted on 6/03/21 at PM with OSM #1 concerning escribed Zoloft and black box warning. He ps with depression and Zoloft for a few days and rge summary from the 5/21 it says stop taking eron. They missed the fact it appears they should have a suppose to change from imately 2:50 PM an ted with ASM #2 concerning ted, "It was discontinued at NP (Nurse Practitioner) to Per family request. harge summary it stated to have never been placed on h/Zoloft listed on the " M a returned phone call was 1 concerning Resident #7. ation was already got there. It was missed by hacist. It said pretty clearly hey didn't."	F	756				

Facility ID: VA0289

If continuation sheet Page 37 of 60

	MENT OF HEALTH AN S FOR MEDICARE & I	ID HUMAN SERVICES					FORM	D: 03/07/2022 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION		(X3) DATE COMP	SURVEY PLETED
		495340	B. WING _			_		C 03/2021
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REP	1AB			2997 NETTLES DRIVE EWPORT NEWS, VA 2	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 756	Resident #7. When the the hospital. I verify the discharge summarmade a mistake and grower from the hospital. On 6/03/21 at approxise interview was conducted and Corporate staff # allegations. No questing the call was made #1(OSM/Pharmacist) stated, "When I visited was already discharged did not have access to the time. She was doi limited information. On 6/03/21 A phone of the previous pharmacitor. On 6/03/21 at approxite exit conference the Action of the previous pharmacitor. On 6/03/21 at approxite exit conference the Action of the previous pharmacitor. On 6/03/21 at approxite exit conference the Action of the previous pharmacitor. On 6/03/21 at approxite exit conference the Action of the previous pharmacitor. On 6/03/21 at approxite exit conference the Action of the previous pharmacitor. On 6/03/21 at approxite exit conference the Action of the previous pharmacitor. On 6/03/21 at approxite exit conference the Action of the previous pharmacite to the time. She was already discharge summary a medications and diagram of the admissions summary a medications and diagram of the preview new medications and the preview new medicaticons and the preview new medicati	eve (residents) come from he medications, go through ry. The nurses could have given it. Sometimes errors al." imately 5:21 PM an ted with ASM #1, ASM #2 1 concerning Resident #7's ons were voiced. imately 5:30 PM a return from Others Staff Member concerning Resident #7. He d the facility on 4/22/21 he ed. The previous pharmacist o PCC (Point Click Care) at ing a review based on call was made at 5:34 PM to cist mentioned in question by sage was left. No return red from the pharmacist imately 6:50 PM during the dministrative Staff Members in the admissions summary hedications for a resident if facility from the hospital. ' When they come in with hary we will call the doctor or verify medications on the nd also they verify noses through the doctor as iours to review medications. in the morning meeting and <i>v</i> ithin 48 hours to review the	F7	'56				

If continuation sheet Page 38 of 60

		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495340	B. WING				C 03/2021
NAME OF PI	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
NEWPOR	NEWS NURSING & REI	HAB			2997 NETTLES DRIVE EWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
TAG F 756	Continued From page On 6/03/21 at approx was sent to the facility email the following po- administration proced errors and unnecessa None of the above po- Serotonin syndrome s after you take a new r serotonin levels or aft current drug. Sympton Agitation or restlesson Headache, Nausea, N disorders, digestive d muscle control or twitt serotonin syndrome of 911 or go to the emer of these symptoms: H heartbeat, Passing ou Serotonin Syndrome of Medications usually c especially certain anti at higher risk if you ta supplements <https: td="" www.webmd.<=""><td>e 38 imately 4:00 PM an email y Administrator asking him to vicies: Medication ures. Significant medication ary medications. Dicies were received. Symptoms often begin hours medication that affects your er you raise your dose of a ms may include: Confusion, ess, Dilated pupils, /omiting, digestive isorders, diarrhea, Loss of ching. In severe cases, an be life-threatening. Call gency room if you have any ligh fever,Seizures, Uneven</td><td></td><td>756</td><td></td><td>AIE</td><td></td></https:>	e 38 imately 4:00 PM an email y Administrator asking him to vicies: Medication ures. Significant medication ary medications. Dicies were received. Symptoms often begin hours medication that affects your er you raise your dose of a ms may include: Confusion, ess, Dilated pupils, /omiting, digestive isorders, diarrhea, Loss of ching. In severe cases, an be life-threatening. Call gency room if you have any ligh fever,Seizures, Uneven		756		AIE	
	Selective serotonin re are the most common antidepressants. They serotonin levels. Thes Sertraline/Zoloft. https://www.webmd.c RALINE+- +ORAL.aspx?drugid= https://www.webmd.c	uptake inhibitors (SSRIs) nly prescribed class of y work by raising your					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 03/07/2022 MAPPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	-	(X3) DATE COMP	SURVEY LETED
		495340	B. WING				C 03/2021
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REP	HAB		12997 NETTLES DRIVE NEWPORT NEWS, VA	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758	Continued From page	≥ 39	F 75	58			
F 758 SS=D	Free from Unnec Psy	chotropic Meds/PRN Use	F 75	58			7/13/21
	affects brain activities processes and behav but are not limited to, categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehe resident, the facility m §483.45(e)(1) Resider psychotropic drugs ar unless the medication	hotropic drug is any drug that associated with mental ior. These drugs include, drugs in the following ensive assessment of a					
	drugs receive gradual behavioral interventio	nts who use psychotropic I dose reductions, and ns, unless clinically a effort to discontinue these					
	unless that medication	ursuant to a PRN order n is necessary to treat a andition that is documented					
		rders for psychotropic drugs . Except as provided in attending physician or					

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		ID HUMAN SERVICES				FORM	MAPPROVED 0. 0938-0391	
STATEMENT	CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE COMF	SURVEY	
		495340	B. WING _			C 06/03/2021		
NAME OF P	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE			
NEWPOR	T NEWS NURSING & REI	НАВ			2997 NETTLES DRIVE EWPORT NEWS, VA 23602			
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 758	prescribing practitione appropriate for the PF beyond 14 days, he o rationale in the reside indicate the duration f §483.45(e)(5) PRN or drugs are limited to 14 renewed unless the a prescribing practitione the appropriateness of This REQUIREMENT by: Based on staff intervi- review, the facility sta Residents were free of Resident #7, a closed The findings included Resident #7 was origi on 04/05/21 and discl community. Diagnosi but not limited to Dys Phase, Unsteadiness Failure to Thrive. The current Minimum admission assessmen Reference Date (ARD resident as completin Mental Status (BIMS) possible 15. This india abilities for daily decis In section "G"(Physica was coded as requirir one person with bed r	er believes that it is RN order to be extended or she should document their ent's medical record and for the PRN order. A days and cannot be ttending physician or er evaluates the resident for of that medication. Is not met as evidenced iew and clinical record ff failed to ensure 1 of 7 of unnecessary medications, I record Resident. Imally admitted to the facility harged on 04/13/2021 to the is for Resident #7 included phagia, Oropharyngeal on the Feet and Adult	F7	758	 Residents #5, #2, and #6 no longer reside at the facility. Current residents have the potential be affected. On 06/01/2021, the Direct of Nursing (DON) and nurse manager team conducted an audit of the record new admits/readmits within the last 30 days. Discrepancies were immediately corrected in respective resident medica records, and MD was immediately notified. Pharmacy reviews were verifi as complete with none outstanding. On 06/04/2021 and on 06/07/2021, DON/Designee educated nurses on conducting thorough review of hospital discharge orders, reviewing discrepancies, clarifying orders with th physician, entering orders into the medica record, then reconciling discharge order against orders entered into the medica record for each admission/readmissior verify orders have been accurately transcribed, including psychotropic medications. 	to tor lent s of / al ed the lical ers I		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	· · · ·	ATE SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	i	C	OMPLETED
		1070.10				С
		495340	B. WING			06/03/2021
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
NEWPOR	T NEWS NURSING & RE	НАВ		12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	TION SHOULD BE	COMPLETION
F 758	Continued From page	e 41	F 75	8		
		ng total dependence of one				
	person with bathing.			On 06/10/201, the DON e	ducated the	
				pharmacy consultant rela		
	-	s: Focus: Resident #7 is at		and procedure for comple	ting review of	
	risk for falls r/t (relate			orders for each admissior		
		alls through next review		ensuring accuracy and co		
		ical Services, RN) Target		psychotropic drug orders	within 72 hours	
		nimize the side effects of		of admission.		
	balance disturbance,	uting to gait disturbance,		The DON/Designee will re	view records of	
		the resident's fall risk will be		each admission/readmiss		
	reduced by the review			clinical morning meeting t		
		ear, non-skid footwear.		discharge orders have be	-	
		ent is wearing appropriate		and that discrepancies an		
	footwear/non-skid so	cks when ambulating or		accurately transcribed.		
	mobilizing in w/c. Ant					
		sure the resident's call light		4. The DON/Designee wil		
		ncourage the resident to use		each admission/readmiss		
	it for assistance as ne	summary active orders as of		week for four weeks to ve pharmacy reviews have b		
		Tablet 25 MG Give 1 tablet		within 72 hours, recomme	•	
		ing related to adult failure to		been communicated to th		
)5/21. Start Date 4/06/21.		subsequent orders have t		
				into the medical record.		
	A review of the MAR	(Medication Administration		of five admissions/readmi	ssions to be	
	Record show that Re	sident #7 received 2 doses		conducted weekly for four	⁻ weeks, then	
		nd 4/07/21 at 1700 (5:00		another to be conducted i	monthly for two	
	PM).			months or until resolved.		
	According to the MAF	R Zoloft 25 MG 1 Tablet by		The DON will report findir	ngs of audits to	
	mouth in the evening			the Quality Assurance Pe	rformance	
	4/08/21 at 1521 (3:21	PM).		Improvement Committee	•	
	A review of the Dia	signly gative Order and		three months or until reso	lved.	
		cian's active Order summary Mirtazapine Tablet 7.5 MG		5. Date of Compliance: 07	7/13/2021	
		in at bedtime related to Adult			1 10/2021	
	-	er Date 4/05/21 and Start				
	Date is 4/05/21.					

Facility ID: VA0289

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 03/07/2022 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495340	B. WING		_	(06/) 03/2021
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, S	TATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	НАВ		12997 NETTLES DRIVE NEWPORT NEWS, VA 2	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758	received 8 doses of M (9:00 PM) from 4/05/2 A review of the hospit reads: STOP taking th (ZOLOFT) 25 mg PO for Stopping: Change A review of nursing nd (3:15 PM) reveal that called and spoke with Nursing/Admin. Staff managers regarding t medications and requi (discontinued) and sp Practitioner) to d/c the per NP the medication Review of progress m LPN (Licensed Practi- drug (s) interaction with t Tablet 25 MG. Give 1 evening related to AD Severity: Severe. Inte serotonergic effects m administration of sele inhibitors (SSRIs) and and the risk of develo may be increased. The above interaction and Remeron should having severe seronto	show that Resident #7 Airtazapine 7.5 mg at 2100 21 - 4/12/21. al discharge summary nese medications: sertraline TABS. Comments: Reason d to Remeron. bets dated 4/8/2021 at 15:15 Resident #7's daughter the DON (Director of #2) and with the unit he list of the resident ested for the Zoloft to be d/c tooke with NP (Nurse a Zoloft per family request, n was d/c'd. bets show on 4/05/21 that cal Nurse) #7 received a arning on 4/5/2021 20:18 m has identified a possible he following orders: Zoloft tablet by mouth in the ULT FAILURE TO THRIVE. eraction: Additive hay occur during co ctive serotonin reuptake d Mirtazapine Tablet 7.5MG, ping serotonin syndrome	F 758				

Facility ID: VA0289

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY PLETED	
		495340	B. WING			C 06/03/2021		
NAME OF PI	ROVIDER OR SUPPLIER		1		STREET ADDRESS, CITY, STATE, ZIP CODE			
					12997 NETTLES DRIVE			
NEWPOR	T NEWS NURSING & REI	HAB			NEWPORT NEWS, VA 23602			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 758	Continued From page entered Mirtazapine Give 1 tablet by mou ADULT FAILURE TO Has triggered the foll alerts/warning(s): Dru A review of the hospit reads: Prior to starting low-dose Zoloft which A review of the currer Medication List reads medications: Sertralin Reason for stopping: A review of the hospit record reveal that Ser ordered on 3/24/21 ar A review of the facility show no copy of Zolo On 6/02/21 at approxi interview was conduc Staff Member) #5 con stated, ASM (Adminis does the initial H&P (I was given Remeron to	e 43 Tablet 7.5 MG. th at bedtime related to THRIVE. owing drug protocol ug to Drug Interaction. al discharge summary g Remeron he was on was discontinued. At hospital discharge : Stop taking these le/Zoloft 25 MG. Comments: Changed to Remeron. al medication administration traline/Zoloft 25 mg was nd discontinued on 3/27/21.		758	DEFICIENCY)			
	dose antidepressant t days. He was on Rem appetite. He should h all." On 6/03/21 an intervie (Licensed Practical N 10:30 AM., concernin don't remember the re the surveyor to explai	hat stays in the system for 2						

Facility ID: VA0289

If continuation sheet Page 44 of 60

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED	
		495340	B. WING			C 06/03/2021		
NAME OF P	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE			
NEWPOR	T NEWS NURSING & REI	HAB			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 758	doctor if there is a bla on the 24 hour report verified by the doctor. discharged we print of discharged paper wor services. An interview was con approximately 12:20 If Resident #7 being pre Remeron due to the b stated, "Remeron hel sleep. They gave the stopped it! His discha hospital reads on 4/02 Zoloft change to reme was to be changed. It stopped it. They were Zoloft to remeron. On 6/03/21 at approx interview was conduct Resident #7. She stat the hospital. I got the discontinue the Zoloft Basically, on the disc discontinue. It should there (the medication discharge summary). ¹⁰ On 6/03/21 at 5:00 Pf received from OSM # He stated, the medicat discontinued before I the admissions pharm to stop the drug and t On 6/03/21 at approx	Ack box warning. That goes You have to get the meds No issues. When they are ut the prescriptions. Most the is done by Social ducted on 6/03/21 at PM with OSM #1 concerning escribed Zoloft and black box warning. He ps with depression and Zoloft for a few days and rge summary from the 5/21 it says stop taking eron. They missed the fact it appears they should have e suppose to change from imately 2:50 PM an ted with ASM #2 concerning ted, "It was discontinued at NP (Nurse Practitioner) to Per family request. harge summary it stated to have never been placed on /Zoloft listed on the " M a returned phone call was 1 concerning Resident #7. ation was already got there. It was missed by hacist. It said pretty clearly hey didn't."	F	758				

Facility ID: VA0289

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 03/07/2022 MAPPROVED D. 0938-0391
STATEMENT (OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION		(X3) DATE COMP	SURVEY PLETED
		495340	B. WING			_		C 03/2021
NAME OF P	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	HAB			12997 NETTLES DRIVE NEWPORT NEWS, VA 2	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758	Resident #7. When the the hospital. I verify the the discharge summary made a mistake and g come from the hospital On 6/03/21 at approxi- interview was conduct and Corporate staff # allegations. No questi On 6/03/21 at approxi- phone call was made #1(OSM/Pharmacist) stated, "When I visited was already discharg- did not have access to the time. She was doi limited information. On 6/03/21 A phone of the previous pharmacion OSM #1. A voice mess phone call was receive On 6/03/21 at approxi- exit conference the Ad- were asked to explain process concerning m being admitted to their The ASM #2 stated, " the admissions summon Nurse Practitioner to a discharge summary ar- medications and diag- well. He will take 72 hever the states of the We review new meds-	hey (residents) come from he medications, go through ary. The nurses could have given it. Sometimes errors al." imately 5:21 PM an ted with ASM #1, ASM #2 1 concerning Resident #7's ions were voiced. imately 5:30 PM a return from Others Staff Member concerning Resident #7. He d the facility on 4/22/21 he ed. The previous pharmacist o PCC (Point Click Care) at ing a review based on call was made at 5:34 PM to cist mentioned in question by sage was left. No return red by surveyor. imately 6:50 PM during the dministrative Staff Members in the admissions summary nedications for a resident ir facility from the hospital. " When they come in with hary we will call the doctor or verify medications on the and also they verify noses through the doctor as nours to review medications. is in the morning meeting and vithin 48 hours to review the	F	758				

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	0: 03/07/2022 APPROVED 0: 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495340	B. WING		_	() 06/0	C 03/2021
NAME OF PF	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
	NEWS NURSING & REI		1	2997 NETTLES DRIVE			
NEWFORI	NEWS NORSING & REP	1AB	N	NEWPORT NEWS, VA 2	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 758	was sent to the facility email the following po- administration proced errors and unnecessa None of the above po- Serotonin syndrome s after you take a new r serotonin levels or aft current drug. Symptor Agitation or restlessne Headache, Nausea, V disorders, digestive di muscle control or twitt serotonin syndrome c 911 or go to the emer of these symptoms: H heartbeat,Passing out Serotonin Syndrome of Medications usually c especially certain anti at higher risk if you ta supplements <https: www.webmd.<br="">nts/lifestyle guide that Selective serotonin re are the most common antidepressants. They serotonin levels. Thes Sertraline/Zoloft. https://www.webmd.co RALINE+- +ORAL.aspx?drugid=</https:>	mately 4:00 PM an email / Administrator asking him to licies: Medication ures. Significant medication ry medications. olicies were received. symptoms often begin hours medication that affects your er you raise your dose of a ms may include: Confusion, ess, Dilated pupils, /omiting, digestive isorders, diarrhea, Loss of ching. In severe cases, an be life-threatening. Call gency room if you have any ligh fever,Seizures, Uneven t. Causes and Risk Factors: ause serotonin syndrome, depressants. You might be ke two or more drugs and/or com/vitamins-and-suppleme affect your serotonin levels. uptake inhibitors (SSRIs) ly prescribed class of / work by raising your	F 758				
F 760 SS=D		Significant Med Errors	F 760				7/13/21

Facility ID: VA0289

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		ID HUMAN SERVICES MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495340	B. WING		C 06/03/2021
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•
NEWPORT	NEWS NURSING & REI	НАВ		12997 NETTLES DRIVE NEWPORT NEWS, VA 23602	
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 760	CFR(s): 483.45(f)(2) The facility must ensu §483.45(f)(2) Resider medication errors. This REQUIREMENT by: Based on a complain record review, staff in document review the that 1 of 7 residents in free of a significant m #5. The findings included Resident # 5 was adm with diagnoses to incl Seizure Disorder, left Osteoporosis and Cer Resident #5 was disc 1/17/21. The most recent comp Data Set was a 5-day Reference Date of 1/2 Interview for Mental S scored as an 11, whic mildly cognitively impo decision making. Resident #5's General 1/8/21 was reviewed as as follows:	Are that its- its are free of any significant is not met as evidenced at investigation, medical terviews and facility facility staff failed to ensure in the survey sample was edication error, Resident : nitted to the facility on 1/9/21 ude but not limited to leg Deep Vein Thrombosis, rebral Vascular Accident. harged from the facility on prehensive (MDS) Minimum with an (ARD) Assessment 15/21. The (BIMS) Brief Status for Resident #5 was ch indicated the resident was aired but capable of daily In Discharge Summary dated and is documented in part, Medication List at Time of	F 76	 1. Residents #5, #2, and #6 no longer reside at the facility. 2. Current residents have the potential be affected. On 06/01/2021, the Direct of Nursing (DON) and the nurse management team conducted an audit the records of new admits/readmits wit the last 30 days to verify orders were accurately transcribed and reviewed by physician. Physician was immediately notified of discrepancies and new orde obtained. Pharmacy reviews were not as complete with none outstanding. 3. On 06/04/2021 and on 06/07/2021, DON/Designee educated nurses on conducting thorough review of hospital discharge orders, reviewing discrepane and clarifying orders with physician, entering orders into the medical record then reconciling discharge orders agai orders have been accurately transcribe to prevent significant medication errors DON educated pharmacy consultant o 06/10/2021 related to policy and procedure for completing review of ord on each admission/readmission, ensure the second to policy and procedure for completing review of ord on each admission/readmission, ensure the second to policy and procedure for completing review of ord on each admission/readmission, ensure the second the second the second the second the second the second to policy and procedure for completing review of ord on each admission/readmission, ensure the second the second the second the second the second the second to policy and procedure for completing review of ord on the second to policy and procedure for completing review of ord on each admission/readmission, ensure the second to policy and procedure for completing review of ord on the second to policy and procedure for completing review of ord on the second to policy and procedure for completing review of policy and procedure for completing review of policy and procedure for completing review of policy and procedure for completing review of	to or or cof chin y rs ed the cies l, nst for ed s. n ers
		ns:			

Event ID: NDH811

Facility ID: VA0289

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 03/07/2022 MAPPROVED O. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		495340	B. WING _			06	C 5/03/2021
NAME OF PF	ROVIDER OR SUPPLIER	•		ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
	I NEWS NURSING & RE	UAD		12	2997 NETTLES DRIVE		
NEWFOR	I NEWS NURSING & REI	nad		N	EWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 760	Vimpat 200 MG (millig Generic drug: lacosa 1 tablet, Oral 2 times Other Instructions: Please take the medii instructed including S anticoagulants. Vimpat Medication Gi Staff Member) #1 was documented in part, a Vimpat is a prescription anticonvulsant) used seizures and with oth generalized tonic-clor What is the most imp know about VIMPAT? VIMPAT without first to provider. Stopping V serious problems. St suddenly in a patient seizures that will not a How long does it take After taking lacosamina are reached in 1 to 4 hours for the amount bloodstream to fall by	gram) tablet mide a day cations on a daily basis as beizure medications and uide provide by OSM (Other s reviewed and is as follows: on medicine (to treat partial-onset er medicines to treat primary nic seizures. ortant information I should P: DO not stop taking talking to your healthcare IMPAT suddenly can cause topping seizure medicine who has epilepsy can cause stop (status epilepticus). e for Vimpat to kick in? de, the highest blood levels hours. It takes about 13 of medicine in the v at least 50%. This means build be taken twice a day,	F7	760	orders within 72 hours of admission to prevent significant medication errors. The DON/Designee will review record each admission/readmission in next clinical morning meeting to verify discharge orders have been reconcile discrepancies clarified and accurately transcribed. 4. The DON/Designee will audit recor each admission/readmission five days week for four weeks to verify the pharmacy reviews have been comple within 72 hours, recommendations has been communicated to the physician, that subsequent orders have been entered into the medical record. Ram audits of five admissions/readmission then be conducted weekly for four we then another five admissions/readmissions monthly for months or until resolved. The DON will report findings of audits the Quality Assurance Performance Improvement Committee monthly for three months or until resolved. 5. Date of Compliance: 07/13/2021	s of d, ds of per ed ve and dom s will eks, two	
	Orders) dated 1/9/202 and under Pharmacy	Summary Report (Physician 21 -1/15/2021 was reviewed there was no physician MG (milligram) tablet, 1 day noted.					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	
		495340	B. WING				_ 03/2021
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NEWPOR	T NEWS NURSING & REI	НАВ			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 760	Continued From page	9 49	F	760			
	Record dated 1/1/202 and there was no phy	Medication Administration 21-1/31/2020 was reviewed rsician order for Vimpat 200 , 1 tablet, Oral 2 times a day					
		ss Note dated 1/13/21 at ed and is documented in					
	(8:55) P.M. CNA (Cer staff called for nursing back on bed not resport resident showed sign Resident had fixed ey jaw, was unable to co- minutes, resident can combative. A few min to relax and lay down	had seizure activity at 19:55 tified Nursing Assistant) g staff. Resident was laying onding but by sternal rub s of responsiveness. res and had chattering of the ommunicate. It lasted 3 he too and became hutes later resident was able . No further distress noted. er), supervisor and MD					
	and locked on 1/9/21	urse) #5 was reviewed and					
	the following data sou 1. History and Physic Section B: 1. List Medications n Medication Issues Ide Section C: Physician						

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	MENT OF HEALTH AN RS FOR MEDICARE &	ID HUMAN SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		495340	B. WING _			C 06/03/2021		
NAME OF F	PROVIDER OR SUPPLIER	L		S	STREET ADDRESS, CITY, STATE, ZIP CODE	1		
NEWPOR	T NEWS NURSING & RE	НАВ			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602			
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 760	 Physician contacted-l contacted via-Blank On 6/3/21 at 10:15 A. conducted with LPN # admission orders. LFN #5 state summary from the process for orders. LPN #5 state summary from the howith the medical doct orders into the compute pharmacy." Resident #5's Physicia and Physical dated 1/, ASM(Administrative Streviewed and is docu History of Present Illing pleasant 56-year-old history of seizure discording Past Medical History: Medications: Medica Please see MAR (Merecord). Plan: Medications has signed. On 6/2/21 at 5:00 P.N. conducted with ASM Member) #4 regarding medication vimpat. A that the medication vimpat. A that	 Blank 3. Physician M. a phone interview was #5 regarding Resident #5's PN #5 was asked to to or transcribing admission d, "When I get the discharge spital, I verify the orders or on call. Then I put the uter and send them to the an Medication Admit History ('11/21 signed by Staff Member) #4 was mented in part, as follows: tess: The patient is a black female who has a order. 12. Seizure Disorder tions have been reviewed. dication Administration we been reviewed and A. a phone interview was (Administrative Staff g Resident #5's anti-seizure SM #4 was made aware as not transcribed from the 	F7	760				

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 03/07/2022 MAPPROVED). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495340	B. WING					C 03/2021
NAME OF PF	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STAT	E, ZIP CODE	_	
NEWPORT	NEWS NURSING & REI	НАВ			2997 NETTLES DRIVE			
				N	IEWPORT NEWS, VA 236			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BI ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
F 760	Continued From page in to see the patient I	e 51 read over everything, the	F	760				
		the discharge summary then						
		l spend well over an hour						
		If the Vimpat was on the						
	• •	n the medication list, it nscribed over. It shouldn't						
		n I do admits I find lots of						
		m. This one got by me."						
		Vimpat was a significant						
		ures were harmful. ASM #4 nificant medication it is an						
	•	on. Seizures can be harmful						
		izures can affect the brain."						
		1. a phone interview was Other Staff Member) #1						
		tion Vimpat for Resident #5.						
		sn't the pharmacist for this						
	-	I have access to see what						
	was found on the 72 h							
		on for the resident. The vas in the system on 1/9/21						
	and it was reviewed b							
		discharge summary the						
		been on Keppra, Clobazam						
	and Vimpat. I see wh the pharmacist. I do	ere no errors were found by						
		was the second to last						
		rs to me it was missed by						
	the review." The OSM	M #1 was asked if Vimpat						
		nificant medication and if not						
	having it was harmful #1 stated, "Yes, it is b	to Resident #5. The OSM						
		nothing else that acts like						
		sional opinion her not having						
	the Vimpat, yes was h							
		1. a phone interview was SM #2 regarding Resident						
	conductor with the Ac							

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		MEDICAID SERVICES				IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ° ′		· · · ·	TE SURVEY MPLETED
			A. BUILDING	<u> </u>		С
		495340	B. WING			6/03/2021
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		0/03/2021
				12997 NETTLES DRIVE		
NEWPOR	NEWS NURSING & RE	НАВ		NEWPORT NEWS, VA 23602		
	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COF	RECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETIO DATE
F 760	Continued From page	e 52	F 76	50		
		pat while a resident in the				
		stated, "It was a situation				
	•	happened. It should have				
		multiple people and hands				
	here missed it. We n	leed to pay more close				
		#2 was also asked if Vimpat				
	0	dication. The ASM #2 stated,				
	"Yes, any seizure me	dication is significant."				
	On 6/3/21 at 11:30 a	m., Surveyor #2 conducted				
		Director of Nursing (DON),				
		uested that he join the				
	interview. The DON s	-				
		ut her stay that she was not				
		pat upon her admission				
	(1/9/21), according to	her hospital discharge				
	•	nued to say, "Every morning				
	during stand up meet					
		(IDT), new admissions are				
		hour report also reveals				
	important information					
	reviews the resident's	calls the physician and				
		reconciles and then they				
		e system. Within 24-48				
	-	comes in, reviews the meds				
		e orders. By 72 hours, the				
		the discharge medications				
	and the uploaded me	dications in the system for				
		ssed it." The Administrator				
	• •	hone interview with Surveyor				
		dentified Resident #5 never				
	-	from admission, thus an				
		l admissions was completed				
		er residents affected by the				
	-	tated, "We own this problem pened to (Resident #5's				
		k it. Our concern will always				

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION		SURVEY PLETED C	
		495340	B. WING				03/2021
NAME OF PF	ROVIDER OR SUPPLIER			ę	STREET ADDRESS, CITY, STATE, ZIP CODE		
NEWPORT	NEWS NURSING & REI	HAB			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 760	did an immediate QU education with all lice continue educating un educated along with r does not happen aga accept the problem." The facility policy title Authorization and Coo Pharmacy" last revise 8. Facility should reco admission orders befor to Pharmacy. 9. Facility should ver admission orders with physician/prescriber to communicated to the 9.1 Once admiss should promptly trans Pharmacy. On 6/3/21 at approxim debriefing was condu ASM #2, ASM #3 and Member) #1 were the	lated papers and said, "We API, audit and extensive nsed nurses, and will ntil all licensed nurses are nonitoring to ensure this in. Like I said, we own and d "4.1 Physician/Prescriber munication of orders to ed 10/1/18. oncile transfer/transition and ore they are communicated ify transfer/transition and othe resident's before they are pharmacy. sion orders are verified, staff mit medication orders to the nately 3:28 P.M. a pre-exit cted via phone with ASM #1, I CSM (Corporate Staff e above information was no further information was	F	760			
F 842 SS=D	Resident Records - Ic CFR(s): 483.20(f)(5),	lentifiable Information	F٤	842	2		7/13/21
	(i) A facility may not resident-identifiable to	nt-identifiable information. elease information that is o the public. lease information that is					

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 03/07/2022 MAPPROVED). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495340	B. WING			_		C 03/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	НАВ			2997 NETTLES DRIVE IEWPORT NEWS, VA 2	23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRE) CROSS-REFEREI	PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842	resident-identifiable to accordance with a co agrees not to use or o except to the extent th to do so. §483.70(i) Medical re- §483.70(i)(1) In accor professional standard must maintain medica that are- (i) Complete; (ii) Accurately docume (iii) Readily accessible (iv) Systematically org §483.70(i)(2) The faci all information contain regardless of the form records, except when (i) To the individual, o representative where (ii) Required by Law; (iii) For treatment, pay operations, as permitt with 45 CFR 164.506 (iv) For public health a neglect, or domestic v activities, judicial and law enforcement purp purposes, research p medical examiners, fu a serious threat to he- by and in compliance §483.70(i)(3) The faci	an agent only in intract under which the agent disclose the information he facility itself is permitted cords. dance with accepted is and practices, the facility al records on each resident ented; e; and ganized lity must keep confidential hed in the resident's records, h or storage method of the release is- r their resident permitted by applicable law; yment, or health care ted by and in compliance ; activities, reporting of abuse, violence, health oversight administrative proceedings,	F	842				

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	-	ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 03/07/20 FORM APPROV OMB NO. 0938-03
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495340	B. WING		C 06/03/2021
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE
NEWPOR	T NEWS NURSING & RE	НАВ		12997 NETTLES DRIVE	
				NEWPORT NEWS, VA 23602	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETIO E APPROPRIATE DATE
F 842	Continued From page	e 55	F 84	2	
	§483.70(i)(4) Medica for-	l records must be retained			
		required by State law; or			
		ne date of discharge when			
	there is no requireme				
		ars after a resident reaches			
	legal age under State	e law.			
	\$483.70(i)(5) The me	edical record must contain-			
		ion to identify the resident;			
		sident's assessments;			
	provided;	ive plan of care and services			
		y preadmission screening			
	and resident review e				
	determinations condu	e's, and other licensed			
	professional's progre				
		logy and other diagnostic			
		equired under §483.50.			
		T is not met as evidenced			
	by:	view and facility		1 Dooidont #6 railanses	idea at the
	Based on staff interv	w, the facility staff failed to		1. Resident #6 no longer res facility.	
		nd accurate clinical record			
		Resident #6) in the survey		2. Current residents have the	e potential to
	sample.	· •		be affected. A 30-day lookba	-
				current resident MARS and T	
	The findings included	d:		missed documentation to be	2
	Resident #6 was aria	inally admitted to the surging		Director of Nursing (DON) an management team with a cor	
		jinally admitted to the nursing Diagnosis for Resident #6		of 07/02/2021. Missed docu	-
		limited to Prediabetes and		be addressed by means of in	
	Morbid (severe) obes			notification.	
	Resident #6 Minimun	n Data Set (MDS) an annual		3. On 06/04/2021 and on 06/	07/2021, the
		Assessment Reference Date		DON/Designee educated lice	ensed nursing
	of 09/01/20 coded Re	esident # 6 Brief Interview for		staff related to the policy and	procedure of

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		MEDICAID SERVICES		LE CONSTRUCTION		IO. 0938-03
	CORRECTION	IDENTIFICATION NUMBER:		B	. ,	IPLETED
						С
		495340	B. WING		0	6/03/2021
NAME OF P	ROVIDER OR SUPPLIER	•	- I	STREET ADDRESS, CITY, STATE		
	T NEWS NURSING & RE			12997 NETTLES DRIVE		
NEWFOR	I NEWS NORSING & RE	nad		NEWPORT NEWS, VA 236	02	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETIO DATE
F 842	Continued From page	2 56	F 84	2		
	Mental Status (BIMS)			reviewing the Electro	nic Medication	
	possible score of 15 i			Administration Record		
		In addition, the MDS coded		medication pass or pr	. ,	
	Resident #6 total dep	endence of two with		and at the end of eac		
		al dependence of one with		medications and treat		
		, extensive assistance of two		administered as order	red and documented	
		toilet use and supervision		accordingly.		
		es of Daily Living care.The always incontinent of bowel		The DON/Designee w	ull roviou for miccod	
		on, under section M (skin		documentation in clin		
		d to have an unstageable		meeting, follow up wit	÷	
		n admission/reentry into the		medications/treatmen		
		her skin problems was		complete documentat		
		ssociated Skin Damage		notification as indicate	ed. Nurses will be	
	(MASD.)			re-educated and/or re		
				performance reviews		
		centered care plan dated		medication/treatment		
		em which read; at risk for		and/or documentatior	n identified.	
		essure injury development esity, Impaired Immobility,		4. The DON/Designed	o will roviow missod	
	Incontinence and Bila			documentation in clin		
		thema Interigo. The goal:		five days per week fo		
		ree of redness, blisters or		Random audit of miss		
		ext review date of 12/02/20.		to then be conducted		
		tions to manage goal:		weeks, then 10 times	-	
		s as ordered and monitor for		months or until resolv	ed.	
		e the resident/resident				
	representative as to c	causes of skin breakdown.		The DON will report f	-	
	An accomment for a	odicting prosource ulcore		reviews to the Quality Performance Improve		
		redicting pressure ulcers completed on 10/21/20 with a		monthly for three mor		
	score of 14.0 indicatir					
	developing pressure	-		5. Date of Compliance	e: 07/13/2021	
	Review of Resident #	6's Weekly Skin Integrity				
		20 included the following				
		nal fold red and yeasty,				
	intact blister left iliac	crest (front), under both				
	breast-red and breaks	s in the skin (yeast), top of				

Facility ID: VA0289

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		495340	B. WING				C / 03/2021
NAME OF F	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
NEWPOR	T NEWS NURSING & REI	НАВ			2997 NETTLES DRIVE IEWPORT NEWS, VA 23602		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 842	right chest-yeast rash and right under arm (to left and right glutea Review of Resident # Review dated 10/05/2 areas: redness, rash, bilateral axilla and bila area, skin tears in abo the abdomen, Moistu (MASD) to right and b buttock and sacrum, s lower leg (front) and r Review of Resident # Record (TAR) for Oct following treatment or 1. Clean abdominal for the skin, apply barrier evening shift for preve Further review of the no initials by the nurs not completed on the 10/11, 10/14, 10/17/2 2. Greer Goo Cream topically every day ar healing. Apply to affe starting on 09/25/20. evidenced there were indicating treatment w following days: (10/05 3. Apply barrier ointh thighs every shift for p 07/30/20. Further re there were no initials	a with open area, under left yeast), multiple open areas al fold. 6's Weekly Skin Integrity 20 included the following and skin tears under ateral breast to the chest dominal folds, red rash to re Associated Skin Disorder eft thigh (rear), right and left skin tears in folds to the left right lower leg (front.) 6's Treatment Administration ober 2020 indicated the rders: old with soap and water; dry ointment every day and ention starting on 07/30/20. TAR evidenced there were e; indicating treatment was following days: (10/09, 0.) - apply to back of thighs and evening shift for wound ected area as directed Further review of the TAR e no initials by the nurse; vas not completed on the 0, 10/11, 10/14, 10/17/20.) ment to buttock and posterior preventions starting on view of the TAR evidenced by the nurse; indicating mpleted on the following	F	842			

Facility ID: VA0289

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP		
		495340	B. WING			06/03/2021		
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
NEWPOR	T NEWS NURSING & REI	НАВ			12997 NETTLES DRIVE NEWPORT NEWS, VA 23602			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE	
F 842	Continued From page	• 58	F	842	2			
	 2020 indicated the fol 1. Clean abdominal for the skin, apply barrier evening shift for preverse Further review of the no initials by the nurse not completed on the 09/11, 09/20, 09/24, 0 2. Apply barrier ointhe thighs every shift for proverse 07/30/20. Further review of the no initials by the nurse not completed on the 09/11, 09/20, 09/24, 0 2. Apply barrier ointhe thighs every shift for provese 07/30/20. Further review of the no initials by the nurse not completed on the 09/11, 09/20, 09/24, 0 Review of Resident # indicated the following 1. Clean abdominal for the skin, apply barrier evening shift for preverse Further review of the no initials by the nurse not completed on the 08/03, 08/08, 08/12, 0 08/29/20.) 2. Apply barrier ointhe thighs every shift for provese 07/30/20. Further review of the no initials by the nurse not completed on the 07/30/20. Further review of the no initials by the nurse not completed on the 07/30/20. 	nent to buttock and posterior preventions starting on TAR evidenced there were e; indicating treatment was following days: (09/05, 09/25 and 09/30/20.) 6's (TAR) for August 2020						

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	0: 03/07/2022 APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495340	B. WING			_		C 03/2021
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
NEWPOR	T NEWS NURSING & REI	HAB			12997 NETTLES DRIVE NEWPORT NEWS, VA 2	3602		
		ATEMENT OF DEFICIENCIES		'	-	PLAN OF CORRECTION		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRE) CROSS-REFEREI	CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842	Continued From page A phone interview wa Assistant Director of N 06/03/21 at approxima said the nursing staff treatment as ordered completed. She said signed off on the TAR the treatment was act The Administrator, Dir Regional Director of C informed of the finding 06/03/21 at approxima did not present any fur findings. The facility's policy titl and Wound (Effective Overview: To provide at risk, implementing including evaluation at to promote skin health	e 59 s conducted with the Nursing (ADON) on ately 3:37 p.m. The ADON are expected to follow the and sign off when if the treatment is not t, there is no way to validate tually done. rector of Nursing and Clinical Services was g during a briefing on ately 4:45 p.m. The facility inther information about the led: Clinical Guidelines Skin date 04/01/17.) a system for identifying skin individual interventions and monitoring as indicated h, healing and decrease on of pressure ulcers.		842				

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