

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/05/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/28/2021
NAME OF PROVIDER OR SUPPLIER PORTSIDE HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4201 GREENWOOD DRIVE PORTSMOUTH, VA 23701		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 12/27/21 through 12/28/21. One complaint was investigated during survey: VA00051757 was Substantiated with deficiencies. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 132 certified bed facility was 105 at the time of the survey. The survey sample consisted of 2 current resident reviews (Residents #1 and Resident #2).	F 000			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on a complaint investigation, staff interviews, clinical record review and facility document review the facility staff failed to provide personal care to include showers for 1 of 2 residents in the survey sample (Resident #1) who was unable to independently carry out activities of daily living (ADL's). The facility staff failed to ensure Resident #1 was offered and received a scheduled twice-weekly shower to maintain good personal hygiene during the last 30 days. The findings included: Resident #1 was admitted to the nursing facility	F 677	F 677 ADL Care 1. Resident # 1 was interviewed regarding shower preferences and shower was provided December 30, 2021. 2. Current residents have the potential to be affected by this deficient practice. Audit was completed regarding shower preferences. Shower schedules were established for current residents. 3. Nursing staff educated on Shower process which includes documentation by Director of Nursing/designee. New hire and agency clinical staff will be educated prior to providing resident care.		

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

TITLE

(X6) DATE

James Sparling

ADMINISTRATOR

1/14/2022

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.

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F 677	<p>Continued From page 1</p> <p>on 11/06/15 with diagnoses to include but are not limited to Dementia, Narcissistic Personality Disorder and Anxiety Disorder.</p> <p>Resident #1's most recent Minimum Data Set (MDS) was a quarterly with an Assessment Reference Date of 9/22/21. The Brief Interview for Mental Status (BIMS) for Resident #1 was coded as a 15 out of a possible 15, indicating the resident was cognitively intact and capable of daily decision-making. The MDS coded Resident #1 as total dependence with two person assist with transfers and extensive one person assist for bathing and showers.</p> <p>Resident #1's comprehensive care plan last revised on 10/3/21 was reviewed and is documented in part, as follows:</p> <p>Focus: Name (Resident #1) has an ADL Self Care Performance Deficit related to impaired mobility. Date initiated: 10/3/2019. Goal: ADL care needs will be met by staff. Date initiated: 10/3/2019. Interventions: Dependent in bed mobility times 2 persons, transfers, bathing. Date initiated: 10/3/2019.</p> <p>The facility Unit One Shower List was reviewed and indicated that Resident #1's shower days were Mondays and Thursdays on the 7 p.m. to 7 a.m. shift.</p> <p>Resident #1's Certified Nursing Assistant (CNA) ADL documentation for bathing/showers was reviewed and indicated no data for the past 30 days.</p> <p>On 12/27/21 at 3:00 p.m. an interview was</p>	F 677	<p>4 Audits of shower/bathing documentation for scheduled showers will be audited 5 times a week for 12 weeks by DON/designee for compliance with shower process. 5 residents with BIMS of 13 or above will be interviewed weekly for 12 weeks for shower concerns by administrator/designee. Results of both audits will be taken to the QAPI committee monthly X 3 for review and revision as needed.</p> <p>Date of compliance: 01/21/2022</p>	

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F 677	<p>Continued From page 2</p> <p>conducted with Resident #1 during which she was asked about her shower schedule. Resident #1 stated, "They are hit or miss. I'm supposed to get a shower every Monday and Thursday night and I love a shower. I usually get one a week." Resident #1 was asked what time are the showers usually given and if she had even been given one at 3:00 in the morning. Resident #1 stated, "I like mine later at night, around 1 a.m. but no later is what I prefer. No 3 o'clock is too late I'm asleep then."</p> <p>On 12/28/21 at 3:40 p.m. a phone interview was conducted with CNA #1 regarding Resident #1's showers and where the showers are documented. CNA #1 stated, "She (Resident #1) gets her showers every Monday and Thursday nights and it takes 2 people to get her to the shower. She likes her showers later at night because she is a night owl. We have shower sheets for each resident where we document the showers on and they are in the back of the blue assignment book on the unit at the desk."</p> <p>On 12/28/21 at 4:00 p.m. the Director of Nursing (DON) was asked for Resident #1's shower sheets. The DON stated, "I could not find any for her (Resident #1) in the shower book."</p> <p>The facility policy titled "Resident Bath/Showering/Scheduling Policy" last revised 2/1/21 was reviewed and is documented in part, as follows:</p> <p>Policy: Residents will be bathed or showered according to their preferences in order to maintain healthy hygiene and skin condition.</p> <p>B. Each resident will be scheduled to receive</p>	F 677		
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F 677	<p>Continued From page 3</p> <p>bathing a minimum of two times per week unless they prefer less frequent baths or state regulation requires more frequent bathing.</p> <p>C. The facility will develop and maintain a bathing/shower schedule for each unit.</p> <p>On 12/18/21 at 5:00 p.m. a pre-exit debriefing was conducted with the Administrator, the DON, and the Regional Director of Clinical Services where the above information was shared. The DON stated, "Residents should be offered a shower twice a week based on the shower schedule and the care should be documented in Name (electronic medical record). No further information was provided prior to exit.</p>	F 677		
F 825 SS=D	<p>This is a Complaint Deficiency</p> <p>Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2)</p> <p>§483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must-</p> <p>§483.65(a)(1) Provide the required services; or</p> <p>§483.65(a)(2) In accordance with §483.70(g), obtain the required services from an outside resource that is a provider of specialized</p>	F 825	<p>F 825 Therapy Services</p> <p>1. Resident # 1 received physical therapy evaluation on December 29, 2021. Resident was placed on therapy for contracture management.</p> <p>2. Current residents have the potential to be affected by this deficient practice. Current residents with therapy orders reviewed for therapy interventions. No issues found.</p> <p>3. Education provided to licensed nursing staff and therapy staff on the therapy referral/screening policy by rehab director/designee. Licensed nursing staff educated on following MD orders to include therapy referrals by Director of Nurses/designee. New and agency licensed nurses and therapy staff will be educated prior to providing resident care.</p>	

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F 825	<p>Continued From page 4</p> <p>rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a complaint investigation, staff interviews and clinical record review the facility staff failed to ensure physical therapy services were provided for 1 of 2 residents in the survey sample, Resident #1.</p> <p>The facility staff failed to ensure physical therapy services were provided to Resident #1 that were ordered on 8/13/21.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the nursing facility on 11/06/15 with diagnoses to include but are not limited to Dementia, Narcissistic Personality Disorder, Anxiety Disorder and Contracture.</p> <p>Resident #1's most recent Minimum Data Set (MDS) was a quarterly with an Assessment Reference Date of 9/22/21. The Brief Interview for Mental Status (BIMS) for Resident #1 was coded as a 15 out of a possible 15, indicating the resident was cognitively intact and capable of daily decision-making. Under Functional Limitation in Range of Motion Resident #1 was coded as having upper and lower extremity impairment on both sides.</p> <p>Resident #1's comprehensive care plan last revised on 10/3/21 was reviewed and is documented in part, as follows:</p> <p>Focus: Name (Resident #1) has limited physical</p>	F 825	<p>4. Audit of new physician orders and new admissions will be done 5 times a week for any therapy orders and appropriate referrals done by Director of Nurses/designee for 12 weeks. Results of audit will be taken to the QAPI committee meeting monthly X 3 for review and revisions as needed.</p> <p>Date of compliance: 01/21/2022</p>	

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F 825	<p>Continued From page 5</p> <p>mobility related to contractures. Date initiated: 10/3/2019.</p> <p>Interventions: PT (physical therapy) OT (occupational therapy) referrals as ordered, PRN (as needed). Date initiated: 10/3/2019.</p> <p>Resident #1's current Physician Orders were reviewed and are documented in part, as follows"</p> <p>PT to eval (evaluate) and TX (treat) Order per Name (Orthopedic Physician). Order date: 8/13/2021.</p> <p>Resident #1 Progress Notes were reviewed and are documented in part, as follows:</p> <p>7/11/2021 22:23 (10:23 p.m.) Physician Progress Note: pt (patient) would like to get ortho (orthopedic) consult for contracture lower extremities. On physical examination: Extremity bilateral lower extremity contraction. Assessment and Plan: pt requesting ortho evaluation has been stable will get ortho consult.</p> <p>8/13/2021 19:47 (7:47 p.m.) Nursing Note Text: LOA (leave of absence) to Name (Orthopedic Physician) today, ret'd. (returned) with orders for PT (physical therapy). Resident is aware.</p> <p>Resident #1's Orthopedic Consult dated 8/13/21 was reviewed and is documented in part, as follows:</p> <p>Order: Referral to Physical therapy. Associated Diagnosis: Hip joint contracture, Primary osteoarthritis of right hip. Comments: Modalities, ROM (range of motion) and strengthening, eval and treat times 10 sessions, 2-3 times per week: hip contractures.</p>	F 825		

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F 825	<p>Continued From page 6</p> <p>On 12/28/21 at 1:04 p.m. an interview was conducted with the facility's Rehabilitation Director regarding Resident #1's rehab history. The Rehabilitation Director was asked when was the last time the resident was screened for therapy services. The Rehabilitation Director stated, "She was screened by occupational therapy on 9/3/20 but was not picked up because she was at her prior level of functioning." The Rehabilitation Director was asked about the PT evaluate and treat order dated 8/13/21 for Resident #1. The Rehabilitation Director stated, "Today is the first time hearing about an order for PT to evaluate and treat. I will have her evaluated tomorrow by physical therapy." The Rehabilitation Director was asked how the rehab department is made aware of new orders for therapy for the residents. The Rehabilitation Director stated, "In the morning meeting we are made aware of any new therapy orders for the residents."</p> <p>On 12/28/21 at 1:20 p.m. Resident #1 was asked if she had received any rehab services since her orthopedic appointment on 8/13/21. Resident #1 stated, "No, but I would like for them to work with me."</p> <p>On 12/28/21 at 2:45 p.m. an interview was conducted with the Director of Nursing (DON) and the Regional Director of Clinical Services regarding Resident #1's physical therapy orders dated 8/13/21. The Regional Director of Clinical Services stated, "The new order for Name (Resident #1) should have come up the next day in the morning meeting and therapy made aware of evaluate and treat order." The DON stated, "Also the nurse should have done a nurse to</p>	F 825		

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F 825	<p>Continued From page 7</p> <p>rehab communication form and that was no done either." The facility was unable to provide a policy for the above stated practice.</p> <p>On 12/28/21 at 2:40 p.m. a call was placed and message left for LPN (Licensed Practical Nurse) #1 who was the nurse that took the physical therapy order, however the call was never returned.</p> <p>On 12/18/21 at 5:00 p.m. a pre-exit debriefing was conducted with the Administrator, the DON, and the Regional Director of Clinical Services where the above information was shared. No further information was provided prior to exit.</p> <p>This is a Complaint Deficiency</p>	F 825		
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