

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

PRINTED: 09/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF
DEFICIENCIES AND PLAN
OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

495068

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

C

08/26/2021

NAME OF PROVIDER OR SUPPLIER

SIGNATURE HEALTHCARE OF NORFOLK

STREET ADDRESS, CITY, STATE, ZIP CODE

1005 HAMPTON BLVD

NORFOLK, VA 23507

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

F 000

INITIAL COMMENTS

F 000

An unannounced Medicaid/Medicare abbreviated complaint survey was conducted on 08/24/21 through 08/26/21. Complaints #VA 00052719, VA 00049827, VA 00049550 and VA 00050311 were investigated during the survey. Corrections are required for compliance with 42 CFR 483 Federal Long Term Care requirements.

The census in this 169 bed facility was 146 at the time of the survey. The survey sample consisted of 3 current resident review (Resident #1 through #3) and 1 closed record reviews (Resident #4).

F 609

Reporting of Alleged Violations

F 609

SS=D

CFR(s): 483.12(c)(1)(4)

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all

Steve Dean CNHA
9/10/21

F609

1. Resident #2 was not adversely affected by the deficient practice.
2. To ensure no other residents were affected, staff conducted a facility wide sweep to ask all residents interview questions listed on CMS resident interview and observation for abuse by 9/9/2021. Residents not able to be interviewed will have a skin assessment completed. Further allegations of abuse will be reported and handled as per the Signature HealthCare Abuse Policy/Procedure.

3. All reports of abuse will be reported to abuse coordinator and audit of the facility will be conducted to ensure no additional abuse occurred. Administrator and/or designee will review corporate abuse policy with all new hires during orientation process and education will be given to current staff on the Abuse Policy with a focus on timely reporting of allegations of sexual abuse by 9/10/2021. Agency staff will be educated prior to the start of their shift. Signature Care Consultant will provide education to the CEO and DON on the 2-hour state reporting requirement by 9/9/2021

4. Ongoing audits will be

conducted allegations by the Administrator, Unit Managers, and Social Services Department. to include staff and resident interviews to validate timely reporting of abuse. These audits will be conducted once a week for four weeks, bi-weekly for 3 months, and quarterly for six months. Audits will also include review of resident progress notes 5 x week during the Clinical White Board Meeting to identify any instances that would be abusive in nature and require reporting. All data will be summarized and presented to the facility Quality Assurance and Performance Improvement meeting monthly x 3 months by the DON or ADON. Any issues or trends identified will be addressed by the QAPI committee as they arise, and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, ADON, SDC, MDS Coordinator, Admissions Coordinator, Rehabilitation Manager, Medical Director, and Director of Social Services. Other members may be assigned as the need should arise.

5. The Administrator and Director of Nursing are responsible for maintaining compliance. Compliance achieved by 9/14/2021.

9/14/21

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

TITLE

(X8) DATE

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 609	Continued From page 1 investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: The facility staff failed to report immediately an allegation of sexual abuse for one resident (Resident #2) in the survey sample of four residents. The findings included:	F 609		
	Resident #2 was admitted to the facility on 09/29/15 with diagnoses of vascular dementia, major depression, unspecified intellectual disabilities, paraplegia, hypertension, dysphagia, and colostomy. Facility staff failed to report immediately an allegation of sexual abuse. An annual Minimum Data Set (MDS) dated 08/04/21 accessed this resident in the area of Hearing, this resident was assessed as having unclear speech. In the area of Makes self understood this resident was assessed as understands. In the area of Speech Clarity this resident was assessed having unclear speech. In the area of Cognitive Patterns- Brief Interview Mental Status (BIMS) this resident was coded as a (9). A revised Care Plan dated 08/16/21 indicated: "Problems- Active behaviors- Refuses showers, refuses to be repositioned, prefers to lay on back, request to get oob at beginning of month when funds come in. Goal-Resident will have fewer episodes of behaviors: as evidenced by behavior			

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F 609	<p>Continued From page 2</p> <p>occurring: less than 2 times per week. Approach: Explain care to resident in advance in terms resident can understand. Monitor behavior episodes and attempt to determine underlying cause (s). Consider location, time of day, person involved.</p> <p>Problem: Cognitive Loss/Dementia-resident has a memory/recall problem R/T diagnosis of Vascular dementia. Goal: Resident will not sustain serious injury due to memory/recall deficit. Approach-Explain all care before providing care. Request feedback to ensure understanding.</p>	F 609		
	<p>A Facility Reported Incident (FRI) dated 08/04/2021 indicated: "Reported date: 08/04/21- incident date: 08/03/21. Resident Involved: Resident #2- Injuries - No- Incident type: Allegation of abuse/mistreat. Describe incident, including location, and action taken: Staff reports resident states he was sexually abuse (sic) last night. Name of employee(s) involved and their positions: unknown Employee action initiated or taken: N/A Notification provided to: Responsible party-08/04/21; Physician-08/04/21; APS-08/04/21; DHP-08/04/21; Law Enforcement-resident declined."</p> <p>A Facsimile (fax) Transmittal form dated 08/04/21 indicated the (State Survey Agency) was notified at 12:57 PM on 08/04/21."</p> <p>A Facility Investigation Summary dated 08/09/21 indicated: " Cause to Initiate Investigation: Therapy entered Resident #2's room to remove "E-stim" and resident, who is extremely aphasic pointed repeatedly to his back side, therapist</p>			

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F 609	<p>Continued From page 3</p> <p>asked, "If he had been abused, said yes, sexually? nodded yes. No description of alleged perpetrator.</p> <p>Investigation: the following witnesses were interviewed: Speech Therapist, (RN) registered nurse Unit Manager and RN (DON) Director of Nursing.</p> <p>Summary of Investigation: Therapy asked (PS) (sic) Unit Manager to evaluate resident. PS also saw resident pointing and asked if it had to do with some colostomy bag recently changed. He nodded yes. Small amount of fluid on brief which (PS) changed.</p> <p>Recommendations: Skin assessments were performed and no areas of concerns were noted. DON reinterviewed resident who denied any kind of assault."</p> <p>A witness statement from OTA/LA dated 08/04/21 indicated: "Staff entered Resident #2's room and applied (E-stim) to right shoulder. I noticed he was wearing some hospital gown as previous day. I told him I was going to let the unit manager know that he had not received ADL's. He motioned to me not to go and began pointing to hip/butt area. A (CNA) certified nursing assistant came in and tried to figure out what he was saying. I texted (ST) Speech Therapist to come help as well. I could not figure out what he was trying to say. Another staff came in to help. Staff asked did someone smack you? Resident nodded his head yes. Staff stated she would tell the nurse. Speech Therapist and CNA also left. I told resident I was going to remove the (e-stim) He began gesturing to left hip/but area. I asked "was it sexual?" I le nodded yes. I went to go get</p>	F 609			

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F 609	<p>Continued From page 4 (Unit Manager)."</p> <p>A witness statement from the Speech Therapist dated 08/04/21 indicated: "OTA texted me to help her understand what Resident #2 was attempting to communicate due to severe expressive aphasia. patient best communicates through Y/N questions, gestures and objects. Through Y/N questions, patient reported the following: Yesterday a woman changed him and was rough. Part of the colostomy wrapper was stuck in his brief. He was uncomfortable. Additionally he made swinging motions and hit his bed in irritation of another person. He used gestures to describe an individual as being more tall and wide than average. I texted my boss (Rehab Manager) to speak with me and OTA/LA as soon as possible. Resident further indicated that this person is black. When shown a clock to indicate time frame, Resident #2 consistently pointed to 7 o'clock. Resident was inconsistent with differentiating day and night, even with images. He stated, it not sexual and that he is not any pain. He stated that this has happened before."</p> <p>A witness statement from Unit Manager dated 08/04/21 indicated: "Requested by Speech Therapist to come to room 220-B. Resident lying in bed awake. alert, has aphasia. Resident patting left thigh saying "back, back, back." Speech Therapist asking resident yes and no questions. Colostomy bag intact on left side, water and bag with no leakage noted. Brief slightly soiled, changed brief. Showed resident colostomy wafer and said "yes". Gave him clean brief and he placed wafer in the clean brief. No water noted in previous brief when removed. When ask by (ST) about what happened said "yos" to last night. No open areas on buttocks,</p>	F 609		

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F 609	<p>Continued From page 5</p> <p>pink area on coccyx from old healed wound."</p> <p>A Skin Integrity Evaluation for Resident #2 conducted at 13:26 on 08/04/21 indicated: "There was no signs of skin breakdown, (sore, tender, red, or broken areas)."</p> <p>During an interview on 8/25/21 at 10:28 a.m. with the OIA/LA she stated, On August 4, 2021 around 9:50 a.m. she went into Resident #2's room to start treatment for right shoulder pain. Noticed he was wearing the same gown for 2 days and I asked him if he had been bathe and state, no. Told him I was going to find his CNA- Resident began frantically trying to say something asked the Speech Therapist to come and see what he was saying. Two CNA's came in - he gestured to his left hip area. Speech Therapist came to the room. Resident stated, someone had been rough with him. Unit Manager came into the room and gestured toward the colostomy bag. After every thing we went back downstairs to the rehab gym and the Rehab Manager informed the Administrator.</p> <p>During an interview on 8/25/21 at 9:51 a.m. with the Speech Therapist she stated, 'She was called by the OTA/LA around 9:00 a.m. after breakfast. The OTA/LA asked if she could come to room 220, because resident was trying to her her something. Went in room - resident pointed to front left side -said no to something about colostomy bag. CNA came into room and asked if it from a person - resident gestured (bigger-black). A second text at (10:17 a.m.) came from the OTA/LA and she asked me to come to the room. OTA/LA stated, Resident #2 stated yes, when asked was it sexual.</p>	F 609		

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F 609	<p>Continued From page 6</p> <p>Rehab Manager was texted at 10:56 a.m. - brought her back into room -reported to CEO at 11:30 a.m."</p> <p>During an interview on 8/24/21 at 3:29 a.m. - with the DON she stated, Told by therapy about an issue of sexual assault on Resident #2. Skin assessment was conducted. When asked did she report to the administrator, this staff stated, no, Therapy had reported.</p> <p>During an interview on 8/25/21 at 9:51 a.m. with the Unit Manager, she stated, the OTA/LA came to her wanted her to do a skin assessment on Resident #2 for sexual abuse. The Unit Manager stated, she did not know the date or time the OTA came to her nor did she document in the clinical records of Resident #2 the incident. The Unit Manager stated the skin assessment did not indicate any bruising, skin was warm and dry. Resident's colostomy bag was intact. Rolled over on front- bottom - no bruising, moister on pad like stool no dilatation of annual area. Resident was cleaned and dried.</p> <p>Unit Manager stated she was trying to use pictures- stated she did not see anything sexual on examine.</p> <p>During an interview at 10:36 a.m. on 8/26/21 with the Administrator he was asked, when was he first informed of the allegation of sexual abuse towards Resident #2. He stated at 12:30 P.M. The Administrator stated he was in a meeting. When asked who should an allegation of abuse be reported to, the administrator stated DON or himself. There is no change of command for reporting abuse.</p>	F 609		

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F 609	Continued From page 7 A review of the facility's abuse policy indicated: This policy presumes that all abuse, as defined in this policy, causes physical harm, pain or mental anguish to any resident, even if he or she does not understand the incident, or even if he or she is in a coma. Immediately: All alleged violations involving abuse, neglect, exploitation, or mistreatment are reported immediately, but no later than 2 hours after the allegation is made. If a State reporting requirement establishes a longer reporting time for certain unusual incidents other than abuse or neglect, that reporting time applies only to such incidents. In other words, all allegations and incidents of abuse or neglect, as defined in this policy, will be reported "immediately," as defined in this paragraph.	F 609		