

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

PRINTED: 03/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2021
NAME OF PROVIDER OR SUPPLIER VIRGINIA BEACH HEALTHCARE AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 CAMELOT DRIVE VIRGINIA BEACH, VA 23454		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard (complaint) survey was conducted 08/10/21 through 08/12/21. The facility was not in substantial compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaints were investigated during the survey; VA00051451, substantiated and VA00052143, substantiated. The census in this 180 certified bed facility was 156 at the time of the survey. The survey sample consisted of five current Resident reviews (Residents #1 through #5) and two closed record reviews (Resident #6 and #7).	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, facility document review, and clinical record review, the facility staff failed to follow professional standards of nursing practice for 1 out of 7 residents (Resident #3) in the survey sample. The findings included: The facility staff failed to clarify and transcribe hospital discharges orders/instructions for an ankle sprain for Resident #3. Resident #3's Minimum Data Set (MDS - an	F 658	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged		9/7/21

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

TITLE

(X6) DATE

Electronically Signed

09/28/2021

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.

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F 658	<p>Continued From page 1</p> <p>assessment protocol) a significant change with an Assessment Reference Date of 06/07/21 coded Resident #3's Brief Interview for Mental Status (BIMS) scored a 05 out of a possible score of 15 indicating severe cognitive impairment. In addition, the MDS coded Resident #3 total dependence of two with toilet use, total dependence of one with bathing and dressing, extensive assistance of two with bed mobility, transfer and personal hygiene for Activities of Daily Living care.</p> <p>Resident #3's person centered care plan dated 05/25/21 had a problem which read; resident is at risk for falls related to (r/t) deconditioning and gait/balance problems. The goal read; resident will be free of minor injury. Some of the interventions to manage included but not limited to included; assistive devices: assist bars x2, wheelchair, walker, keep Resident #3's call light is remains within reach and encourage the resident to use it for assistance as needed.</p> <p>Resident #3's person centered care plan dated 05/25/21 also included had a problem which read; resident has an ADL self-care performance deficit r/t activity intolerance, unsteady gait/balance and a diagnosis of dementia. The goal read; will improve current level of function in through the review date of 05/27/21. Some of the interventions to manage include but not limited to include; assist with all transfers including toilet transfers and encourage Resident #7 to use her call bell for assistance.</p> <p>A review of Resident #3's clinical note revealed a nurse's note documented on 08/04/21; Resident #3 was sleeping and fell out of her wheelchair. Resident #7 observed with hematoma to the left</p>	F 658	<p>deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F658</p> <p>1-Licensed nurse #6 involved in the clarification and transcription error involving Resident #3 was educated on proper clarification and transcription of orders for residents returning from a hospital visit on 8/11/21. A clarification order was received and implemented for Resident #3 on 8/11/21 to provide skin check to right lower extremity (brace) every shift for skin integrity, circulation and capillary refill.</p> <p>2- The DON or designee will complete an audit of all residents returning from a hospital visit to ensure that the discharge instructions and orders are clarified and transcribed correctly.</p> <p>3-The Staff Development Coordinator or designee will educate licensed Nurses on properly reviewing, clarifying and transcribing discharge instructions and orders upon return from a hospital visit.</p> <p>4-The Unit Manager or designee will complete weekly audits of residents returning from a hospital visit to ensure that discharge instructions and orders were clarified, transcribed and implemented correctly. Results of the audits will be presented to the QAPI Committee for review and recommendation.</p> <p>5-Completion date 9/7/21.</p>		

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F 658	<p>Continued From page 2</p> <p>side of the face, a black eye, bruise on left scapula (shoulder bone) and bruise to left hip. The phsyician was made aware with new orders to send Resident #3 to the hospital for uncontrolled pain.</p> <p>Resident was sent to (name of hospital) for evaluation and treatment. Resident #3 returned to the facility on the same day at approximately 6:00 p.m., with the following diagnosis: rib fracture and ankle sprain (right) with a follow-up orthopedic appointment on 9/07/21.</p> <p>Review of (name of hospital) discharge summary dated 08/04/21 included the following discharge diagnosis: rib fracture and right ankle sprain. The discharge orders/instructions included but not limited to; rest your ankle, for 2-3 days; keep your ankle (right) higher than the level of your heart (elevated) as much as possible. If you were given a brace; wears as told, try not to move your ankle much, but wiggle your toes from time to time. This helps to prevent swelling.</p> <p>Review of 08/2021 Treatment Administration Record (TAR) and Medication Administration Record (MAR) on 08/11/21 at approximately 9:10 a.m., did not include the above discharge orders/instruction written 08/04/21 for the right ankle sprain.</p> <p>An interview was conducted with License Practical Nurse (LPN) on 08/11/21 at approximately 12:25 p.m. LPN said Resident #7 returned from the hospital on with a splint in place to her right ankle due to a sprain. When asked if the discharge orders/instruction from (name of hospital) should have been taken off, she replied, "I suppose so." When asked, who should have</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>transcribe the discharge orders from (name of hospital), she replied, "Me, I suppose."</p> <p>On 08/11/21 at approximately 1:09 p.m., an interview was conducted with the Director of Nursing (DON.) The DON said LPN #6 should have transcribed the discharge orders for the elevation of the right ankle as tolerated, follow-up with the orthopedic surgeon and made sure there was an order to check skin integrity, and circulation to the right ankle because she was wearing a splint/brace due to a sprain.</p> <p>Review of Resident #7's 08/2021 TAR revealed the following new order written on 08/11/21 at 3:00 p.m., skin check to right lower extremity (brace) every shift for skin integrity, circulation and capillary refill.</p> <p>The Administrator, Director of Nursing and Nurse Consultant were informed of the finding during a briefing on 08/12/21 at approximately 2:15 p.m. The facility did not present any further information about the findings.</p> <p>The facility policy titled Physician Orders with an effective date of 03/24/20. Policy: Admission Physician's Orders must be provided for every patient at the time of admission or readmission to activate a medical plan of care.</p> <p>Procedure: Upon every patient's admission or readmission or re-entry to the Center, a licensed nurse will notify the physician requesting and/or verifying physician's orders.</p>	F 658			
F 790	Routine/Emergency Dental Srvcs in SNFs	F 790			9/7/21

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F 790 SS=D	<p>Continued From page 4 CFR(s): 483.55(a)(1)-(5)</p> <p>§483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(a) Skilled Nursing Facilities A facility-</p> <p>§483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident;</p> <p>§483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services;</p> <p>§483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;</p> <p>§483.55(a)(4) Must if necessary or if requested, assist the resident; (i) In making appointments; and (ii) By arranging for transportation to and from the dental services location; and</p> <p>§483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental</p>	F 790			

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F 790	<p>Continued From page 5</p> <p>services and the extenuating circumstances that led to the delay.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interviews, resident interviews and clinical record review it was determined that the facility staff failed to obtain dental services for one of seven residents, (Resident #4) in the survey sample.</p> <p>The findings included:</p> <p>Resident #4 was originally admitted to the facility 09/29/20 after an acute care hospital stay. The resident has never been discharged from the facility. The current diagnoses included; Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non dominant side and Cerebrovascular Disease Unspecified.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 06/28/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 14 out of a possible 15. This indicated Resident #4 cognitive abilities for daily decision making were intact.</p> <p>In section "G"(Physical functioning) the resident was coded as requiring total care of two persons with bed mobility, transfers, dressing, toilet use and bathing. Requiring extensive assistance of one person with eating and personal hygiene.</p> <p>Resident #4's Care Plan dated 09/29/20 reads: FOCUS: Resident has a self-care performance deficit r/t (relating/to) Activity Intolerance, weakness, unsteady gait/balance, left side weakness/arm pain. GOAL: The resident will</p>	F 790	<p>F790</p> <p>1-Resident #4 has a Dental appointment scheduled for 9/7/21.</p> <p>2- The DON or designee reviewed current resident Dental consult orders to ensure that the dental service appointment was scheduled appropriately.</p> <p>3- The Staff Development Coordinator or designee will educate Licensed Nurses on the process of notifying the Appointment Scheduler of resident Dental service needs so that an appointment can be made for needed Dental services.</p> <p>4-The Unit manager or designee will review resident Dental consult orders to ensure that the dental service was scheduled appropriately on a weekly basis. Results of the audits will be presented to the QAPI Committee for review and recommendation.</p> <p>5-Completion date 9/7/21.</p>		

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F 790	<p>Continued From page 6</p> <p>improve current level of function through the review date.</p> <p>A review of the POS (Physician Order Summary) reads: Dental Consult PRN (As needed) Order Date 9/29/20. Dental consult every shift for front, bottom teeth discomfort and decay. Order Date: 7/21/21. Start Date: 7/21/21.</p> <p>On 8/12/21 at approximately 1:45 PM an interview was conducted with Resident #4 concerning her care. Her husband, who is also her roommate stated that his wife cannot understand English. Resident #4's husband was able to speak some English but was difficult for the surveyor to interpret. The staff nurse asked RN #1 (Registered Nurse/Unit Manager) to assist the surveyor with interpreting Resident #4's concerns. RN #1 approached the surveyor and stated that she was fluent in speaking and interpreting Spanish and would be glad to assist. She was asked by the surveyor to ask Resident #4 if she had any concerns with her teeth. RN #1 stated that Resident #4 said that her teeth hurt sometimes.</p> <p>On 8/12/21 at approximately 1:30 PM an interview was conducted with OSM (Other Staff Member) #2 concerning Resident #4's order for a dental consult. She stated, "The nurses on the unit usually print out the order and notify me. There are consult boxes on each unit. I wasn't made aware of the July order. In December the resident got an extraction. I'm just finding out now. The son is very involved. The appointment with the doctor is very easy to schedule. I will schedule the appointment after I speak to</p>	F 790			

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F 790	<p>Continued From page 7 Resident #4's son."</p> <p>On 8/12/21 at approximately 1:47 PM an interview was conducted with LPN (Licensed Practical Nurse) #2 concerning dental consults. She stated, "When I get a consult order I write the order up in the system after the NP (Nurse Practitioner) ask me to put order in and I give it to OSM #2. I get the staff to interpret for me because I don't speak Spanish."</p> <p>A review of progress notes dated on 7/21/21 at 1:00 PM reads: "Patient reports tooth pain and her husband shows me her front bottom teeth that have decay. He is using a dental pick and patient grimaces with discomfort as he cleans debris from her teeth. Patient reports discomfort. Patient denies any chest pain, headache, sob, nausea, vomiting, or diarrhea today. Patient is Spanish speaking so gesturing is mostly used and app to translate. Tooth decay noted to front, bottom teeth with moderate debris. No s/s (signs and symptoms) of infection at this time."</p> <p>Policy: Dated: 11/01/19. Dental Services Needs: In the event a patient is in need of routine or emergency dental services, a licensed nurse will initiate and coordinate the necessary care. Procedure: Nursing will notify the attending physician and secure a consult recommendation.</p> <p>On 8/12/21 at approximately 2:25 PM a phone call was made to Resident #4's RP (Responsible Party) concerning her dental consult. A voice message was left for RP to return phone call to surveyor.</p> <p>On 8/12/21 a return phone call was received at approximately 2:45 PM from Resident #4's</p>	F 790			

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F 790	<p>Continued From page 8</p> <p>RP/son concerning her dental consult. He stated, "I didn't know my mom had a dental appointment scheduled until they (the facility) just called me. She has been complaining of her teeth hurting sometimes."</p> <p>On 08/12/21 at approximately 3:00 p.m., the above findings were shared with the Administrator, Director of Nursing and Corporate Consultant. An opportunity was offered to the facility's staff to present additional information but no additional information was provided.</p>	F 790			