

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/28/2022
NAME OF PROVIDER OR SUPPLIER OAK GROVE HEALTH & REHAB CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 776 OAK GROVE RD CHESAPEAKE, VA 23320		
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F 000	Initial Comments An unannounced biennial State licensure inspection was conducted 01/25/22 through 01/28/22. Corrections are required for compliance with the regulations for the Licensure of Nursing Facilities. The census in this 120 certified bed facility was 94 at the time of the survey. The survey sample consisted of 27 current Resident reviews and 7 closed record reviews.	F 000	The creation and submission of this Plan of Correction serves as written validation of regulatory compliance. Preparation and submission of this plan does not constitute an admission or agreement by Oak Grove Health & Rehab Center (Provider) of the truth regarding the facts alleged or the correctness of the conclusions set forth by the survey agency. This plan of correction is solely prepared because of the requirements set forth by state and federal law, and to demonstrate the good faith attempts by the Provider to improve the quality of life for each resident entrusted to our care.		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-200 (B) (D). Nursing Services. Cross Reference to F-658, F-687 & F-695. 12 VAC 5-371-210 (B, C, E). Nurse Staffing. Please Cross-Reference to F-726. 12 VAC 5-371-220 (A,C). Nursing Services. Please Cross-Reference to F-742. 12VAC5-371-300 (D). Pharmaceutical Services. Cross Reference to F-756. 12 VAC 5-371-360 (J) & (K) Medical Records. Cross references to F842. 12 VAC 5-371-220 (F). Quality of Life. ADL Care Provided for Dependent Residents. Under section (F). Each resident shall receive tub or shower baths as often as needed, but not less than twice weekly. Based on complaint investigation, staff interviews	F 001	See Federal Plan of Correction / 2567 for Cross-Referenced Areas <u>12 VAC 5-371-220 (F). Quality of Life.</u> <u>ADL Care Provided for Dependent Residents</u> <u>Residents</u> 1. Resident #47's care plan was reviewed and preferences for bathing/showering updated on 2/19/22. 2. All residents have the potential to be affected by the alleged deficient practice. 3. Nursing staff will be re-educated on bathing/showering residents according to resident's preference, facility schedule and		

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

Re'Anne F. Hayes, LHA

TITLE

Facility Administrator

(X6) DATE

2/18/22

STATE FORM

6899

KZJZ11

If continuation sheet 1 of 4

State of Virginia

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F 001	<p>Continued From page 1</p> <p>and clinical record review the facility staff failed to provide personal care to include showers for 1 resident (Resident #47) who were unable to independently carry out activities of daily living (ADL) care.</p> <p>The findings included:</p> <p>The facility staff failed to ensure Resident #47 was offered and received a scheduled twice-weekly showers to maintain good personal hygiene. Resident #47 was originally admitted to the facility on 06/03/21. Diagnosis for Resident #47 included but not limited to Chronic Obstructive Pulmonary Disease (COPD) and Myasthenia Gravis.</p> <p>Resident #47's Minimum Data Set (an assessment protocol) a quarterly assessment with an Assessment Reference Date (ARD) of 12/10/21 coded the resident's Brief Interview for Mental Status (BIMS) score 08 of a possible 15 with moderate cognitive impairment for daily decision-making. In section "G" (Physical functioning) the MDS coded Resident #47 requiring total dependence of one with bathing, extensive assistance of one with bed mobility, personal hygiene, toilet use, dressing and toilet use. In section "H" (Bladder and Bowel) was coded for always incontinent of bladder and bowel.</p> <p>The comprehensive care plan with a created date of 09/10/21 and a revision date of 12/22/21 documented Resident #47 with ADL self-care performance deficit related to (r/t) Myasthenia Gravis and COPD. The goal set by the staff is that resident will maintain current level of function in ADL's through the next review date of 03/22/22. One of the intervention to manage goal include is</p>	F 001	<p>how to properly document within the resident medical record the occurrence of the shower and any necessary follow up related to refusals on 2/21/22.</p> <p>4. DON or designee will complete audits 5x per week for 6 weeks to ensure residents are receiving their scheduled bath/shower. DON or designee will complete 5 random visual verifications per week for 6 weeks of residents receiving their scheduled bath/shower. Aggregate findings will be analyzed, and any adverse findings immediately corrected. Findings and any applicable corrections will be presented and recorded in the monthly Quality Assurance and Performance Improvement (QAPI) meeting. Facility Administrator will be responsible for ensuring compliance.</p> <p>Completion Date: March 4, 2022</p>		

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F 001	<p>Continued From page 2</p> <p>to provide with a sponge bath when a full bath or shower cannot be tolerated.</p> <p>Review of the shower schedule evidenced Resident #47 was scheduled for showers twice weekly on Monday and Thursday (7a-7p shift).</p> <p>Review of Resident 47's ADL Documentation Survey Report revealed the showers were not given on the following shower days:</p> <p>October 2021 (10/04, 10/11, 10/18, 10/21, 10/25 and 10/28/21).</p> <p>November 2021 (11/4, 11/8, 11/22/21).</p> <p>December 2021 (12/06, 12/16, 12/20, 12/27 and 12/30/21).</p> <p>January 2022 (01/06, 01/10, 01/17 and 01/24/22).</p> <p>On 01/27/22 at approximately 12:33 p.m., an interview was conducted with License Practical Nurse (LPN) #2. The LPN stated, "All residents must be showered twice a week and if they refuse, the Certified Nursing Assistant (CNA) must notify the nurse. She said the nurse will speak and educate the resident on the importation of receiving showers and if the resident still refuse to receive their schedule shower, the refusal is to documented by the CNA and the nurse will document and notify the resident's responsible party and their physician of the refusal.</p> <p>A debriefing was held with the Administrator and Director of Nursing on 01/27/22 at approximately 4:50 p.m. The DON stated, "The expectation is for the CNA's to provide showers twice a week." She said if a resident refuses their shower, the CNA is to inform the nurse who will speak with the resident and if they still refusal their shower, the refusal should be document by the CNA and</p>	F 001			

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