OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY
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NAME OF	PROVIDER OR SUPPLIER		And the same of th	STREET ADDRESS, CITY, STATE, Z	04/16/2021
	ONT HEALTH & REHA			3750 SENTARA WAY VIRGINIA BEACH, VA 2345	
(X4) ID PREFIX	SUMMARY ST.	ATEMENT OF DEFICIENCIES	1 ID	PROVIDER'S PLAN O	
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E 000			- E 00/		
	Initial Comments		E 000		
	4/14/2021 through 4/	rergency Preparedness COVID- ras conducted onsite from 16/2021. The facility was in 24 of 42 CFR Part 483.73, ag-Term Care			
F 000	INITIAL COMMEN	rs	F 000		ti
	conducted 4/14/2021 complaints were inverved. VA00050400 were su deficiencies. Signification compliance with 42 C Long Term Care required infection control regulator Disease Control (CCOVID -19.	int corrections are required for FR Part 483 Federal irements, 42 CFR Part 483.80 lations, and the CMS and Centers CDC) recommended practices for			
	cases of COVID-19 in	certified bed facility was 74 at ere were no current positive the facility.			
F 580	Notify of Changes (In CFR(s): 483.10(g)(14)	ury/Decline/Room etc.)	F 580	F580	
	§483.10(g)(14) Notific	eation of Changes. nediately inform the resident;		F580	
	consult with the reside consistent with his or h	nt's physician; and notify, per authority, the resident	And the second s	 Resident #7 has be from the facility. 	
	representative(s) when (A) An accident in results in injury and ha physician intervention;	there is- volving the resident which s the potential for requiring		Residents with ch have the ability to the deficient prac	be affected by stice. A review of
1	(B) A significant of mental, or psychosocia in health, mental, or ps	hange in the resident's physical, I status (that is, a deterioration ychosocial		the 24 hour repor was completed w indicated.	ith follow up if
				Licensed nurses h educated on utiliz documentation of	ing the SBAR for

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 condition. Additionally they were educated on the requirements for notification of change in condition to include notification of the family and physician in a timely manner. 4. The 24 hour report will be reviewed during clinical meeting by the DON/designee to identify changes in condition with follow up as indicated. Findings of these audits will be submitted to the QAPI committee for 3 months for review/recommendations. 5. Date of Compliance 5/18/2021 LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) 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. FORM CMS-2567(02-99) Previous Versions Obsolete Event ID:BW3S11 Facility ID: VA0215 If continuation sheet Page 1 of 22 STATEMENT OF DEFICIENCIES AND (XZ) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 495270 B. WING NAME OF PROVIDER OR SUPPLIER 04/16/2021 STREET ADDRESS, CITY, STATE, ZIP CODE 3750 SENTARA WAY ROSEMONT HEALTH & REHAB CENTER, LLC VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (XS) PREFIX TAG TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE

OMB NO. 0938-0391 F 580 F 580 Continued From page 1 status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). When making notification under paragraph (g) (ii) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. The facility must also promptly notify the resident and the resident representative, if any, when there is-(A) A change in room or roommate assignment as specified in §483.10(e)(6); or A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interviews and facility STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION (XI) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 495270 B. WING NAME OF PROVIDER OR SUPPLIER 04/16/2021 STREET ADDRESS, CITY, STATE, ZIP CODE 3750 SENTARA WAY ROSEMONT HEALTH & REHAB CENTER, LLC VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX TAG TAG (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE

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	physician and reside condition for 1 of 8 survey sample. The findings include Resident #7 was ori facility on 11/01/18 included but not lim recent Minimum Daprotocol) an annual Reference Date (AR with a 13 out of a protocol) and interview for Mental cognitive impairment Resident #7 total de total dependence of toilet use, personal hwith supervision with Living (ADL) care. Resident #7's person created on 08/31/20 for exposure and/or The goal: will be monocover and the following document condition started on 18/10 was not easily away decreased appetite. Resident #7's responsive made aware of condition.	facility staff failed to notify the ent representative in a change of residents (Resident #7) in the			
STATEMENT O PLAN OF CORE	OF DEFICIENCIES AND RECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	Continued From particles of the hosping of the NP. The Nesident #7 out the Emergency Dep Resident #7 out the Emergency Dep Resident #7 out the NP. The Nesident #7 out the NP. The Nesident #7 out the NP. The Nesident #7 out the Emergency Dep Resident #7 out the NP. The Nesident #7 presents from the nursing hor on 09/13/20 at approximately not the NP. The Nesident #7 presents from the nursing hor oxygen in the blood. for COVID-19 on 09 admitted to the hosping acute hypoxic respirate pneumonia and acute (CHF) exacerbation.	Resident #7's nursing notes with a /20 at 5:02 p.m., read in part in bed, eye closed, not easily empts made at trying to awaken lent #7 would open her eyes then desident #7 refused her medications at a Call was placed to Program of for the Elderly (PACE) with a new lergency Room (ER) for lethargy, and possible dehydration." of PACE documentation for at 3:30 p.m., and 4:00 p.m., read acility) called to inform Resident equesting for her to be sent out to artment (ED.) LPN #1 stated igns were stable and had no E nurse informed LPN #1 that ter had already called and spoken IP will be contacting the facility to it to the hospital.	n f	580	OMB NO. 0938-039
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STATEMENT OF PLAN OF CORR	F DEFICIENCIES AND ECTION	(X1) PROVIDER/SUPPLIER/CL(A IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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E 580	***************************************			OMB NO. 0938-03	9
F 580	care to Resident #7 Resident #7 was no about Resident #7 reached out to the ((RN #2) for further proceed with assess Clinical Manager to again, which I did. obtained her blood was asked, if PACE Resident #7's change	was conducted with LPN #2 on imately 10:06 a.m., who provided on 09/12/20 (7-3 shift.) She said of alert/very drowsy; something wasn't right. LPN #2, said she Clinical Manager, Registered Nurse guidance/direction on how to sing Resident #7. She stated, "The old me to re-assess Resident #7 I rechecked her vital signs and sugar; all within range." The LPN was informed of the in condition, she replied "No		OMB NO. 0938-03	9
	that's why I asked the She said Resident # the same day, voice Resident #7's condition on 04/15/21 at apprinterview was conditated was conditionally (CNA #1) 09/13/20 (7-3 shift.) not herself. She said acknowledge me that wasn't right. She said the said that the said	he Clinical Manager for guidance." T's daughter did a window visit on a concerns related to a change in tion. Toximately 9:52 a.m., a phone acted with Certified Nursing who cared for Resident #7 on The CNA said Resident #7 was d Resident #7 did not recognize or at morning, so I knew something id Resident #7 would look at you if she tried to speak, you were not			
	table to understand had been been been been been been been bee	er. The CNA said she notified use (LPN #1) as soon as she change with Resident #7. She said use of the time) Resident #7's ag on the window yelling for (LPN was conducted with LPN #1 on			
F	14/15/21 at approxin Resident #7's nurse o	nately 11:00 a.m. LPN #1 was on 09/13/20 (7-3 shift.) did you first notice the		emma 'e denne A en	
TATEMENT	- DEPARTMENT		(V) \ A B B B B B B B B B B B B B B B B B B		-
LAN OF CORR	DEFICIENCIES AND ECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
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	Continued From pa	age 5			:
	change of condition "On 09/13/20, during was hard to arouse notified the Clinical in condition, she in Clinical Manager & LPN said Resident her mom, an update condition. She said was banging on Remy mom to the hos with the Nurse Prachad already spoken	in with Resident #7," she replied, ing morning rounds; Resident #7." The LPN was asked if she is Manager or PACE of the change eplied, "I'm not sure if I notified the but I did not notify PACE." The #7's daughter called to check on was given related to the change in I Resident #7's (RP) later that day sident #7's window yelling, "Send pital." PACE was called, spoke citioner (NP) who informed me she to Resident #7's daughter. A new to send to the (ER) for a change in			
	clinical notes were a clinical notes were a clinical notes were a complete op/19/20. The NP stated, "The complete op/12/20 until the new nore lethargic on one should have been not clinical stated."	was conducted with the NP on mately 1:25 p.m. Resident #7's reviewed with the NP from After reviewing the clinical notes, re was a significant change from ext morning on (09/13/20.) The t #7 was not easily aroused and 0/13/20 at 7:00 a.m. We (PACE) of tified on 09/13/20, that morning identified a change in condition.			
	Clinical Manager on 7-3 shift. The Clinic Resident #7 but I do	oximately 12:20 p.m., a phone acted with the RN #2 who was the duty (09/12/20) cal Manager stated, "I remember n't remember LPN #2 reporting to had a change in condition."			
	A phone interview w Director of Nursing	(DON) on 04/15/21 at			
STATEMENT	F DEFICIENCIES AND	1974)	(92) 3 6 7 =		
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NAME OF PR	OVIDER OR SUPPLIER	Assessment of the second of th	B, WING	STREET ADDRESS, CITY, STATE, ZIP CODE	04/16/2021
	T HEALTH & REHAI			3750 SENTARA WAY VIRGINIA BEACH, VA 23452	
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F 580		E 500	OMB NO. 0938-03
	Continued From page 6 approximately 3:35 p.m. Resident #7's clinical notes from 09/09/20-09/13/20 were reviewed with the DON. After reviewing the clinical notes, the DON stated, "When LPN #1 completed her assessment on 09/13/20 at 7:00 a.m., she documented Resident #7 was not easily aroused, that should have triggered the nurse to inform the physician of the change in condition. The DON said, the nurse discovered a change in condition at 7:00 a.m., but she waited until 3:30 p.m., to notify the physician/NP. The DON stated, "That was a delay in treatment." The Administrator and Cooperate Nurse was informed during the debriefing on 04/16/21 at approximately 3:55 p.m. The facility did not present any further information about the findings. The facility policy titled: Resident Change in Condition Policy (last revision date: 11/10/20.) Policy: The license nurse will recognize and intervene in the	F 580	OMB NO. 0938-0
F 697	event of a change in resident condition. The Physician/Provider and the Family/Responsible Party (RP) will be notified as soon as the nurse has identified the change in condition and the resident is stable. Complaint deficiency. Pain Management CFR(s): 483.25(k)	F 697 F697	
I co	S483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the esidents' goals and preferences. This REQUIREMENT is not met as evidenced	2	rom the facility. Residents residing in the facility have the potential to be affected. MDS quarterly report for residents triggering for pain was reviewed. Short stay residents triggering no longer reside in the facility. No LTC residents triggered. An interview was conducted with residents receiving scheduled pain medication to determine if their pain management regime was effective. The nursing staff have been
**			educated on pain management, to include assessment, and alternatives for pain management.

DEPART	MENT OF HEALTH	AND HUMAN SERVICES FOR	RM APPR	ROVED CENTERS FOR MEDICARE & N	IEDICAI	D: 05/03/2021 D SERVICES O. 0938-0391
				 The clinical managers will the pain level scale of 10 per week to validate effect of pain interventions for 1 Findings of these audits was submitted to QAPI commitmentally for review and recommendations. Date of Compliance 5/18/ 	review residents ctiveness 2 weeks rill be ttee	
STATEMENT PLAN OF CO	OF DEFICIENCIES AND RRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ING	COM	E SURYEY LETED
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ntinued From page 7 by: sed on observation, resident in rview, clinical record review, lity documents, the facility's si ctive pain management for on post surgical foot repair for o sident #8), in a closed record s findings included:	and a review of taff failed to provide e resident diagnosed one of eight residents			
ident #8 was admitted to the far discharged on 12/24/20. Diagoncluded but not limited Post Torder, Depression, Diabetes Motopedic Conditions. current Minimum Data Set (Massessment with an Assessment Red) of 12/24/20 coded the resided aries of Interview for Mental Stating 15 out of a possible 15 indicatively intact. cetton "G" (Physical functioning das requiring extensive assistation on and off the united personal hygiene. Requiring the person with transfers and require eating.	nosis for Resident raumatic Stress ellitus and Other IDS), a discharged eference Date tent as completing us (BIMS) and icating resident is g) the resident was ance of one person t, dressing, toilet g the supervision of res set-up help only			
eating. ction " M " (Skin Conditions) d under Other Problems part (Fig a surgical wound. M1200-Siments part (F) coded resident:	the resident was coded resident as			
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	discharged on 12/24/20. Diag neluded but not limited Post Torder, Depression, Diabetes Monopedic Conditions. current Minimum Data Set (Massessment With an Assessment Red D) of 12/24/20 coded the resid Brief Interview for Mental Stating 15 out of a possible 15 indictively intact. cetion "G" (Physical functioning das requiring extensive assistated as requiring extensive assistated comotion on and off the united personal hygiene. Requiring eating. cetion "M" (Skin Conditions) dependent of the united as surgical wound. M1200-Siments part (F) coded resident and Care. CELENCIES AND (X1) PROBENTIFICATION (X1) PR	discharged on 12/24/20. Diagnosis for Resident included but not limited Post Traumatic Stress order, Depression, Diabetes Mellitus and Other hopedic Conditions. current Minimum Data Set (MDS), a discharged ssment with an Assessment Reference Date D) of 12/24/20 coded the resident as completing Brief Interview for Mental Status (BIMS) and ing 15 out of a possible 15 indicating resident is attively intact. Action "G" (Physical functioning) the resident was done as requiring extensive assistance of one person docomotion on and off the unit, dressing, toilet and personal hygiene. Requiring the supervision of person with transfers and requires set-up help only eating. Cotton "M" (Skin Conditions) the resident was do under Other Problems part (E) coded resident as a surgical wound. M1200-Skin and Ulcer timents part (F) coded resident as needing Surgical and Care. (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	discharged on 12/24/20. Diagnosis for Resident included but not limited Post Traumatic Stress order, Depression, Diabetes Mellitus and Other topedic Conditions. current Minimum Data Set (MDS), a discharged ssment with an Assessment Reference Date D) of 12/24/20 coded the resident as completing Brief Interview for Mental Status (BIMS) and ing 15 out of a possible 15 indicating resident is initively intact. action "G" (Physical functioning) the resident was das requiring extensive assistance of one person locomotion on and off the unit, dressing, toilet and personal hygiene. Requiring the supervision of person with transfers and requires set-up help only eating. action "M" (Skin Conditions) the resident was dounder Other Problems part (E) coded resident as a surgical wound. M1200-Skin and Ulcer timents part (F) coded resident as needing Surgical and Care. (X2) MULTIPLE CONSTRUCT A. BUILDING B. WING STREET ADDRIVED.	discharged on 12/24/20. Diagnosis for Resident necluded but not limited Post Traumatic Stress order, Depression, Diabetes Mellitus and Other topedic Conditions. current Minimum Data Set (MDS), a discharged sament with an Assessment Reference Date D) of 12/24/20 coded the resident as completing Strief Interview for Mental Status (BIMS) and ing 15 out of a possible 15 indicating resident is intitled interview for Mental Status (BIMS) and das requiring extensive assistance of one person locomotion on and off the unit, dressing, toilet and personal hygiene. Requiring the supervision of person with transfers and requires set-up help only eating. ction "M" (Skin Conditions) the resident was dunder Other Problems part (E) coded resident as ag a surgical wound. M1200-Skin and Ulcer intents part (F) coded resident as needing Surgical and Care. CCIENCIES AND (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING R OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

(X4) ID

PREFIX

TAG

ID

PREFIX TAG

VIRGINIA BEACH, VA 23452

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION

DATE

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	medications. (C) R for pain. J0400- Pa needing pain medications. (C) R for pain. J0400- Pa needing pain medications of the car has pain r/t flat food Goals: The resident behaviors of inadect review date. The resident value of the pain or ability to conthrough the review Interventions: Administer analges: assess/record/report pain or requests for previous pain histor and impact on functional impact on fun	lealth Conditions) J0100-Pain oded resident as receiving prn pain eceive non-medication intervention in frequency coded the resident as ration frequently. The resident as receiving prn pain eceive non-medication intervention in frequency coded the resident as ration frequently. The resident as receiving prn pain reads: Focus: The resident as repair. Created on 12/24/2020. It will display a decrease in quate pain control through the sident will not have discomfort its of analgesia through the review will verbalize adequate relief of pe with incompletely relieved pain date. Created on 12/24/20. The resident complaints of pain treatment. Identify and record y and management of that pain ion per routine. Created on the pain ion per routine.		697	
	DEFICIENCIES AND	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	Continued From pa	ge 10			-
	Practical Nurse) car (patient) was agitat medication. This may pharmacy is already medications and we her medications. Pt to leave, This nurse the discharge AMA left the facility at 22 2340 and wanted to the hospital. This may CNA #2 came out to patient down and ex-	10:59 (12:59 AM) Nursing Note are (LPN #5, Licensed me to the patient's room, pt ed and complaining about her are explained to the pt that the processing her narcotic e are just waiting on the code to get became more agitated and wanted explained the patient's rights and . Pt refused to sign the AMA and 326 (11:26 PM). Pt came back at get her discharge summary from are together with LPN #3, and the building and tried to calm the optained the facility protocol. At esident was back to her bed.			
# ## ## ## ## ## ## ## ## ## ## ## ## #	12/19/20 at 6:41 PM	ogress notes Resident #8 had pain on arrival to the facility on I until she received her as needed hone 2 mg 0.5 tablets on 12/20/20			4. The Property of the Company of th
	4/14/21 at approxim pain issues while res I'm Forty-four years medications until thr when I got there. I d the next morning, I le	onducted with Resident #8 on ately, 12:40 PM concerning her siding at the facility. She stated, old and alert. I didn't get all of my ree days later. I was in a lot of pain idn't get my pain medication until tept trying to leave the facility in and didn't feel right being in			
	An interview was co with LPN (Licensed Resident #8's medica	nducted on 4/15/21 at 7:50 PM Practical Nurse) #3 concerning ations. She			
ITATEMENT O	F DEFICIENCIES AND ECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	OVIDER OR SUPPLIER T HEALTH & REHAI	Annual Control of the Assault. Antique and the annual control of the Assault and the Assault a	J. WING	STREET ADDRESS, CITY, STATE, ZIP COI 3750 SENTARA WAY VIRGINIA BEACH, VA 23452	04/16/2021 DE
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PRINTED: 05/03/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES

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	possible) as she got wanted to go AMA admission. We coul requested that nurse #6 not help her. I di particular about her knowledgeable abou	ge 11 came here she was not happy ome to her ASAP (as soon as here right at shift change. She (Against Medical Advice) on Idn't tend to her right away. She c, LPN (Licensed Practical Nurse) Idn't have any issues. She was very medications. She was ut her medications. She was alert had her that one time.			
	was conducted with pain medications. SI received a hospital remedications. The nu We asked if they have asked if they have receive it. I needed the box. I got the code a gave her dilaudid ½ That was the only pithere (LPN #3) She is have Percocet anymorphotom with the fax meds. She (Resident located inside of here hospital she only had agitated. Since she calmedication) usually	Eximately 12:22 PM an interview LPN #5 concerning Resident #8's he stated, "I admitted her. When I report she was wanting her pain urse at the hospital called and said. I a prescription with them. The toing to medicate her. I did her ther if she received pain med. She scription in her folder. I faxed it imacy kept saying they didn't to wait for the code in the STAT round 12 midnight before I left. I tab at 12 midnight. She was angry. Il she had. The night nurse was gave her the 6 am meds. We don't the in the lock box. There's a to I was explaining to her about the #8) thought the pharmacy was a already. When she left the it paper work. She was very ame around 7:00 PM it comes around 4:00 am thy we have to get medications alled the			
	N OF COPPECTION		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
MAR OF ST		495270	B. WING		04/16/2021
ROSEMON	OVIDER OR SUPPLIER THEALTH & REHAF			STREET ADDRESS, CITY, STATE, ZIP CODE 3750 SENTARA WAY VIRGINIA BEACH, VA 23452	7.10.2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TA	PROVIDER'S PLAN OF CORRECT G (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIATE	ULD BE COMPLETION

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

F 697					OMB NO, 0938-0391
	I called them and the automatically. The automatically. The Commicare issues are saying they didn't read my fax and gave the Nursing). When we issues. She received PM before being se took over we have if the narcotic box dud A review of the Om Removal of Schedulemergency Supply (b) Dilaudid 2 mg po (c) Requested: 0.5 mg. Facility doctor. Faxe following times listed 12:50:15 AM and 1: Response section on Quantity: 1(one) Read 12:20/20. Time: illeg #5 at 12:24 AM. According to the Physical Phys	verify all of the meds. We cannot ox until we get the pharmacy code. The particle of the pharmacy code and it opened resident received meds. The related to the fax. They will keep beceive it (the fax). I made a copy of the to the former DON (Director of the had the other company we had no directions at hospital around 5 on there. Since the new company assues in delay of getting code to to the fax." Inicare Request document for the II-V (2-5) Medications from the (ER lock box). Reads: by mouth) I tablet. Quantity Time: II:45 PM. Prescriber: and three times on 12/20/20 with the action of the II-V (2-1) AM, the Pharmacy the authorization reads: ands: (given at 0030). Dated gible. Reads: code given to LPN assician's order summary dated as was scheduled to receive as 325 mg (Oxycodone-ablets every 4 hours for pain. LPN ergency lock boxes no longer.		697	
STATEMENT OF PLAN OF CORRI	DEFICIENCIES AND ECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
NAME OF PRO	VIDER OR SUPPLIER	495270	B. WING		C 04/16/2021
ROSEMONT	THEALTH & REHAE			STREET ADDRESS, CITY, STATE, ZIP CO 3750 SENTARA WAY VIRGINIA BEACH, VA 23452	DE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX TAC	PROVIDER'S PLAN OF COR	SHOULD BE COMPLETION

F 60'	71				OMB NO. 0938-039
F 697	Continued From pa box. She stated, the AM on 12/20/20. T not the Percocet. The at 12:30 Midnight. pulled the medication really can't tell whe The only paper trail and when we fax it so no one will get he Pharmacy system fawhere their fax mac- lines are down. The scripts and schedule pharmacy would have mot opened. The called in or the doct issues. The surveyor explain how the ER works). She stated,"	medication was given at 12:30 the dilaudid is kept in the box but here was a pull from the STAT box She got the code at Midnight and on from the narcotic box. You has she opened the box or gave it. I is when they fax over the request back. So we usually call each other old of the four digit code. The hiled. There could be situations thines may not be working or our y are required to fax all hard of IV (5) orders. The back-up we been the CVS Pharmacy. They hey (facility staff) could have or could have called if there were asked Pharmacist if she could (Emergency Box) code system There's an electronic pad that		697	OMB NO. 0938-039
	Administration) is v and removal form gi morphine out for the	There's an electronic pad that suse the DEA (Drug Enforcement ery strict. They fax a hard script wes the facility permission to take resident. Giving her the code at to the box right then."			
	On 4/27/21 at 3:17 F Pharmacy Account f Pharmacy Response Removal of Schedul Emergency Supply, verified under the Phauthorization numbe (one) was correct but written responses bes	M spoke to the Omnicare Manager concerning section on the Request for e 2-5 medications from the The Pharmacy Account Manager sarmacy Response section the r was correct. The quantity 1 t stated that there are no hand side the quantity as listed on the or received via email from the			
TATEMENT (OF DEFICIENCIES AND RECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		495270	B. WING		C 04/16/2021
ROSEMON	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZII 3750 SENTARA WAY VIRGINIA BEACH, VA 23452	PCODE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO THE API	TION SHOULD BE COMPLETION

F 697 F 697 Continued From page 14 at 0030 in manual print). The time was written as 12:18 AM per Pharmacy Account Manager. The facility's policy on Pain Management and Pain Protocol Date Reviewed and Revised on May 21, 2015. Effective May 27, 2011. It is the policy of this facility to ensure any resident that is admitted to the facility is assessed for pain and or the potential for pain in order for the resident to obtain or maintain his or her highest practicable level of physical, mental and psychological well being in accordance with the comprehensive assessment and plan of care. Procedure: A pain evaluation will occur on admission to the facility. The resident will be reassessed for pain at regular intervals. On 04/16/21 at approximately 3:52 p.m., the above findings were shared with the Administrator and Corporate Consultant. An opportunity was offered to the facility's staff to present additional information but no additional information was provided. COMPLAINT DEFICIENCY Pharmacy F 755 Srvcs/Procedures/Pharmacist/Records F 755 F755 CFR(s): 483.45(a)(b)(1)-(3) SS=D 1. Resident #8 has been discharged §483.45 Pharmacy Services The facility must provide routine and emergency drugs from the facility. and biologicals to its residents, or obtain them under an 2. New admissions receiving pain agreement described in management have the potential to §483.70(g). The facility may permit unlicensed be affected. An audit of resident personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. admitted in the past 14 days was completed with follow up as §483.45(a) Procedures. A facility must provide indicated 3. Licensed nurses have been educated on the process of obtaining pain medications from the E Stat box to include notification of physician, faxing the request form to pharmacy and obtaining the code to access the E box as well as the escalation process to secure medications. 4. New admissions/readmissions will be reviewed 5 X a week for 12 weeks by DON/designee to ensure pain medications are received and administered in a timely manner.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/03/2021 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 Results of the audits will be reported to QAPI for review and recommendations for 3 months. 5. Date of Compliance 5/18/2021 STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 495270

PLAN OF CORRECTION B. WING 04/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3750 SENTARA WAY ROSEMONT HEALTH & REHAB CENTER, LLC VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE

F 755		the state of the s			OMB NO. 0938-039
1 100			F	755	
	110000				
	Continued From pa	ge 15			
	assure the accurate	vices (including procedures that acquiring, receiving, dispensing, of all drugs and biologicals) to mee sident.	t		
	§483.45(b) Service employ or obtain the who-	Consultation. The facility must e services of a licensed pharmacist			
	§483.45(b)(1) Provi the provision of pha	des consultation on all aspects of rmacy services in the facility.			
	receipt and dispositi	dishes a system of records of ion of all controlled drugs in nable an accurate reconciliation;			
	maintained and periodistribution of the maintained and that an accordance and that are accordance and accordance and accordanc	NT is not met as evidenced by: view and staff interviews, the procure narcotics timely for one (8) a closed record resident in a			
	needed pain medicat	facility staff failed to ensure as ions were available for hysician's order in a timely			
	The findings include	d:			
	Resident #8 was adm and discharged on 12	nitted to the facility on 12/19/20 2/24/20. Diagnosis for Resident imited Post Traumatic Stress			
STATEMENT	P DEFENSE				
PLAN OF CORE	TATEMENT OF DEFICIENCIES AND (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495270		A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			B. Herte		С
NAME OF PR	OVIDER OR SUPPLIER	175210	B. WING	STREET ADDRESS, CITY, STATE, ZIP COD	04/16/2021
	T HEALTH & REHAI		The state of the s	3750 SENTARA WAY VIRGINIA BEACH, VA 23452	
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORP	ECTION (X5)
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***	0				
	Continued From pa				
	Mellitus and Other	Orthopedic Conditions.			and the state of t
	The current Minim	um Data Set (MDS), a discharged			
	assessment with an	Assessment Reference Date		i	***************************************
	(ARD) of 12/24/20	coded the resident as completing			***************************************
	the Brief Interview	for Mental Status (BIMS) and			TO COLUMN AS A SA S
	cognitively intact.	possible 15 indicating resident is			
	In section "G" (Phy	vsical functioning) the resident was			
	coded as requiring	extensive assistance of one nerson		The state of the s	<i>†</i>
	with locomotion on	and off the unit dressing toilet		- Constant of the Constant of	
	use and personal hy	giene. Requiring the supervision of	f		
	with eating.	nsfers and requires set-up help only			
	In section "M" (S	Skin Conditions) the resident was			
	coued under Other I	Problems part (E) coded resident as			:
	naving a surgical w	ound. M1200-Skin and Ulcer			B 8
	Wound Care.	coded resident as needing Surgical			
	Would Care.				
	In section "J" (He	In section "J" (Health Conditions) J0100-Pain Management (B) coded resident as receiving prn pain			
	Management (B) co				Section 1
	medications. (C) Re	ceive non-medication intervention	-		
	for pain. J0400- Pain frequency coded the resident as needing pain medication frequently.				
	A review of the care	plan reads: Focus: The resident			
	has pain r/t flat foot	repair. Created on 12/24/2020.			
	Goals: The resident	will display a decrease in			
	behaviors of inadequ	rate pain control through the			
	review date. The resi	ident will not have discomfort			
	date. The resident wi	s of analgesia through the review ill verbalize adequate relief of			
	pain or ability to	Totalizo adequate rener or			
STATEMENT	OF DEFICIENCIES AND	/VIX	(X2) MUET	TIPLE CONSTRUCTION	
PLAN OF CORI	RECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDE		(X3) DATE SURVEY
				A second	COMPLETED
	495270		B. WING		C
NAME OF PR	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	04/16/2021 IP CODE
ROSEMON	IT HEALTH & REHAI	B CENTER, LLC	essandia edinago	3750 SENTARA WAY VIRGINIA BEACH, VA 2345	
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	
TAG	REGULATORY OR LS	Y MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TA	G (EACH CORRECTIVE A	CTION SHOULD BE COMPLETION
		and the state of t		CROSS-REFERENCED TO THE AF	PPROPRIATE DEFICIENCY) DATE

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

F 755		the second secon			OMB NO. 0938-039
	Administer analges assess/record/reporpain or requests for previous pain historiand impact on funct 12/24/20. A review of Residireads; Percocet Tablet 10-(oxycodone-acetamevery 4 hours as need 12/19/20. Start Date 12/20/20.	etely relieved pain through the ed on 12/24/20. Interventions: ia/medications per orders. It to Nurse resident complaints of pain treatment. Identify and record ry and management of that pain tion per routine. Created on ent #8's physician order summary and for pain. Order Date: 12/19/20. Cl tablet 2 MG give 0.5 by mouth eded for pain. Order Date: 12/20/20. O MG give 1 tablet by mouth eded for pain.			& MEDICAID SERVICE OMB NO. 0938-039
	fablet every 3 hours on 12/20/20. According to Reside pain medication from facility on 12/19/20 AM.	It tablet 2 mg ½ tablet (give 0.5 as needed for pain) until 6:46 AM as needed for pain) until 6:46 AM at #8 she had not received any in the time of admission into the at 6:41 PM until 6:43			
	A review of progress	notes reveal the following:			
STATEMENT OF PLAN OF CORR	F DEFICIENCIES AND ECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PRO	AME OF PROVIDER OR SUPPLIER		B. WING		C 04/16/2021
ROSEMON	T HEALTH & REHAI			STREET ADDRESS, CITY, STATE, ZIP CODE 3750 SENTARA WAY VIRGINIA BEACH, VA 23452	
PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIAT	THE COMPLETION

F 755						OMB 1	VO. 0938-
r /33			F	755			***************************************
	Continued From pa	ge 18					
				Occupation of the state of the			
	to the facility via st	imissions note Resident #8 arrived retcher by medical transport on					
	12/19/20 at 18:41 (6:41 PM) from a local hospital.		i			
	Reason for Admissi	ion: S/P (Status Post) Right foot					
	surgery/Surgical inc	cision to right lateral foot. The					i
	Resident's pain leve	el was 7 on arrival to the facility.					-
	On 12/20/2020 at 0	0:59 (12:59 AM) Nursing Note					A.A. C.
	Text: 10:30 This nu	rse (LPN #5, Licensed					
*	Practical Nurse) car	ne to the patient's room, of					•
	(patient) was agitate	ed and complaining about her	***				
	medication. This nu	rses explained to the pt that the					
	medications and we	processing her narcotic			The second secon		
	her medications. Pt	are just waiting on the code to get became more agitated and wanted					
	to leave. This nurses	s explained the patient's rights and		PROGRAMMA AND THE PROGRAMMA AN			
	the discharge AMA	Pt refused to sign the AMA and		E-MC-A-PRO-INDEAD			
	2340 and wonted to	26 (11:26 PM). Pt came back at					1
	the hospital. This no	get her discharge summary from arse together with LPN #3, and					<i>!</i>
	CNA #2 came out th	ne building and tried to calm the					i
	patient down and ex	plained the facility protocol At					
	0010 (12:10 AM) re Resident is now rest	sident was back to her bed					
1	resident is now lest	ing.					
	An interview was co	nducted with Resident #8 on					
1	4/14/21 at approximate	ately, 12:40 PM concerning her	***				ļ
	pain issues while res	iding at the facility. She stated					1
	medications until the	old and alert. I didn't get all of my				8.1	
1	when I got there. I di	ee days later. I was in a lot of pain idn't get my pain medication until	Table State	1			
I	the next morning. I k	cept trying to leave the facility					
1	pecause I was in pair	and didn't feel right being in		*			and the same of th
[here.						
	An interview was co	nducted on 4/15/21 at 7:50					
MENT O	F DEFICIENCIES AND.	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TPLE CONSTRUCTION	N	1	
OF CORR	ECTION	IDENTIFICATION NUMBER:	A. BUILDE	NG	The state of the s		E SURVEY PLETED
							С
E CE PDC	OVIDER OR SUPPLIER	495270	B. WING			04/	16/2021
U OI FRE	TIDER OR SUPPLIER				CITY, STATE, ZIP CODE		1919;3000000
EMON'	T HEALTH & REHAI	3 CENTER, LLC		3750 SENTARA W VIRGINIA BEAG			
) ID FIX	SUMMARY STA	TEMENT OF DEFICIENCIES	JD L	PROV	VIDER'S PLAN OF CORR	ECTION	(X3)
	REGILLATORY OF LE	Y MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TA	G (EACH (CORRECTIVE ACTION SI	HOULD BE	COMPLETI
1G	COURTON OF FR	C IDENTIFYING INFORMATION)		CRUSS DECEDANT	ICED TO THE APPROPRI		DATE

F 755 OMB NO. 0938-0391 F 755 Continued From page 19 PM with LPN (Licensed Practical Nurse) #3 concerning Resident #8's medications. She stated, " When she came here she was not happy because we didn't come to her ASAP (as soon as possible) as she got here right at shift change. She wanted to go AMA (Against Medical Advice) on admission. We couldn't tend to her right away. She requested that nurse, LPN (Licensed Practical Nurse) #6 not help her. I didn't have any issues. She was very particular about her medications. She was knowledgeable about her medications. She was alert and oriented. I only had her that one time. On 4/16/21 at approximately 12:22 PM an interview was conducted with LPN #5 concerning Resident #8's pain medications. She stated, "I admitted her. When I received a hospital report she was wanting her pain medications. The nurse at the hospital called and said. We asked if they had a prescription with them. The nurse said she was going to medicate her. I did her assessment. I asked her if she received pain med. She said yes. I saw a prescription in her folder. I faxed it three times. The pharmacy kept saying they didn't receive it. I needed to wait for the code in the STAT box. I got the code around 12 midnight before I left. I gave her dilaudid 1/2 tab at 12 midnight. She was angry. That was the only pill she had. The night nurse was there (LPN #3) She gave her the 6 am meds. We don't have Percocet anymore in the lock box. There's a problem with the fax. I was explaining to her about the meds. She (Resident #8) thought the pharmacy was located inside of here already. When she left the hospital she only had paper work. She was very agitated. Since she came around 7:00 PM it (medication) usually comes around 4:00 am STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 495270 B. WING NAME OF PROVIDER OR SUPPLIER 04/16/2021 STREET ADDRESS, CITY, STATE, ZIP CODE 3750 SENTARA WAY ROSEMONT HEALTH & REHAB CENTER, LLC VIRGINIA BEACH, VA 23452 (X4VII) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE

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and green	Continued From page 20		
-	(pharmacy). That's why we have to get medications		
	noil the stat box. I called the physician earlier to		
	verify all of the meds. We cannot open the percent	*	•
	box until we get the pharmacy code. I called them and		
	they gave me the code and it opened automatically.		
	The resident received meds. The Omnicare issues are		and the same of th
	related to the fax. They will keep saying they didn't receive it (the fax). I made a copy of my fax and gave		
	them to the former DON (Director of Nursing). When		
	we had the other company we had no issues. She		
	received medications at hospital around 5 PM before	et al.	
	being sent here. Since the new company took over we		
	have issues in delay of getting code to the parcetic boy		
1	due to the fax."	1	
	A	1	
1	A review of the Omnicare Request document for	· manual	
li	Removal of Schedule II-V (2-5) Medications from the Emergency Supply (ER lock box). Reads:	No.	
J	Dilaudid 2 mg po (by mouth) 1 tablet. Quantity	April management of the second	
1	Requested: 0.5 mg, Time: 11:45 PM, Prescriber:		\$
1	actility doctor. Faxed three times on 12/20/20 with the	TO AND	
1	ollowing times listed: 12:01 AM.	To a second seco	
1	2:50:15 AM and 1:40:31 AM. The Pharmacy	-	
ŀ	Response section on the authorization reads:		
1	Quantity: 1(one) Reads: (given at 0030). Dated		The second secon
#	2/20/20. Time: illegible. Reads: code given to LPN 5 at 12:24 AM.		
	o m raigh rivi.		
A	according to the Physicians order summary dated	!	*
1	2/19/20 Resident #8 was scheduled to receive as		
n	eeded Percocet 10-325 mg	1	100 Augustus (100 Augustus (10
(0	Oxycodone-Acetaminophen) 2 tablets every 4 hours		
110	or pain. LPN #5 stated that the emergency lock		
D	oxes no longer have percocets inside. The facility's		
P	olicy on Pain Management and ain Protocol Date Reviewed and Revised on	THE PROPERTY OF THE PROPERTY O	
N	lay 21, 2015. Effective May 27, 2011. It is the		
	wi, 2013. Effective Way 21, 2011. It is the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			TE SURVEY PLETED	
		495270	B. WING		04/	16/2021	
	NT HEALTH & REHA			STREET ADDRESS, CITY, STATE, ZIP CODE 3750 SENTARA WAY VIRGINIA BEACH, VA 23452			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIAT	ULD BE	(X5) COMPLETION DATE	

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

F 755 Continued From page 21 OMB NO. 0938-0391 F 755 policy of this facility to ensure any resident that is admitted to the facility is assessed for pain and or the potential for pain in order for the resident to obtain or maintain his or her highest practicable level of physical, mental and psychological well being in accordance with the comprehensive assessment and plan of care. Procedure: A pain evaluation will occur on admission to the facility. The resident will be reassessed for pain at regular intervals. On 04/16/21 at approximately 3:52 p.m., the above findings were shared with the Administrator and Corporate Consultant. An opportunity was offered to the facility's staff to present additional information but no additional information was provided.