

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

PRINTED: 04/13/2022
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|--|--|
| 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 02/24/2022 |
| 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 survey was conducted 02/23/22 through 02/25/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Two complaint were investigated during the survey. The census in this 180 certified bed facility was 157 at the time of the survey. The survey sample consisted of two current Resident reviews (Residents 1 through 2) and no closed record reviews. | F 000 | | | |
| F 580 SS=D | Notify of Changes (Injury/Degrade/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial 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). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that | F 580 | | | 4/8/22 |

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

TITLE

(X6) DATE

Electronically Signed

03/25/2022

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 580 | <p>Continued From page 1</p> <p>all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>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).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on closed record reviews and staff interviews the facility staff failed to inform two residents representatives(Resident #1 and Resident #2) of accidents with the potential for requiring physician intervention, in the survey sample of 2 residents.</p> <p>Resident #1 had several falls and the facility did not inform the resident's representative.</p> <p>Resident #2 had a fall which resulted in bruising over the trunk, body and bilateral lower</p> | F 580 | <p>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</p> | | |

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| F 580 | <p>Continued From page 2 extremities.</p> <p>The findings included:</p> <p>Resident #2 was re-admitted to the facility on 10/29/21 with diagnoses which included syncope, and collapse, CHF, A-Fib, vascular dementia and hypertension. Resident #2 had a fall on 11/13/21 which resulted in bruising over the trunk, body and bilateral lower extremities.</p> <p>An Initial Minimum Data Set (MDS) dated 11/04/21 assessed this resident in the area of Brief Interview for Mental Status (BIMS) as a 7. This resident was assess as requiring one person physical assist in the area of transfer, ambulation, and dressing.</p> <p>A Care Plan dated 11/04/21 indicated: Focus- The resident has impaired cognitive function or impaired thought processes r/t short term memory loss. Goal- The resident will be able to communicate basic needs on a daily basis through the review date. Interventions- Communicate with the resident/family/care givers regarding residents capabilities and needs.</p> <p>A Nursing Progress note dated 11/13/21 (01:32) indicated: "Pt fell out of bed when trying to get up to go to restroom, did not call for assistance, no shoes or nonskid socks present upon assessment. Pt has no new injuries but has remaining injuries from previous falls."</p> <p>Nursing Progress note dated 11/13/21 (14:16) indicated: "Discoloration noted on face, trunk and bilateral lower extremities. No complaints of pain or discomfort this shift. No injuries noted.</p> <p>Recommendations: Hourly rounds made, bed in</p> | F 580 | <p>allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F580</p> <p>1 - Resident #1's Emergency Contact has been made aware of all falls after February 25, 2022. Resident #2 is no longer a resident in the center.</p> <p>2- A 30 day look back was conducted for residents with falls, skin impairments and transfers to ER to ensure the RP and/or Emergency contact notification was completed and documented in the medical record.</p> <p>3- The DON/designee will educate Licensed nurses on Responsible Party /Emergency contact notifications for all falls, falls with skin impairment, and Emergency Department visits. In addition, the education will include documentation of the notification in the medical record.</p> <p>4- The Unit Manager/designee will complete weekly audits of residents with falls, skin impairments, and Emergency Department visits to ensure Responsible Party /Emergency Contact were notified of the incident. In addition, the review will ensure there is documentation in the medical record of the notification.</p> <p>The results will be reported to the monthly Quality Committee for review and discussion to ensure substantial compliance. Once the QA Committee determines the problem no longer exists, review will be completed on a random basis.</p> <p>5- Completion date 4/8/22.</p> | | |

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| F 580 | <p>Continued From page 3</p> <p>lowest position with call bell and fluids in reach. Pt verbalizes she should use call bell if she needs anything."</p> <p>A physician's order dated 10/29/21 indicated Resident #2 was receiving the anticoagulant medication Eliquis mg (milligrams) for A Fib.</p> <p>During an interview on 02/24/22 at 3:47 P.M. with the Director of Nursing she stated, yes, Resident #2 had a fall. The resident's Representative was not notified of the fall or bruising.</p> <p>2. Resident #1 had falls and the facility failed to notify the resident representative.</p> <p>Resident #1 was admitted to the facility on 01/14/19 with diagnoses which included end stage renal disease, congestive heart failure, hypoxia, dementia, diabetes mellitus, hypertension and anxiety disorder.</p> <p>A Quarterly MDS dated 01/19/22 assessed this resident in the area of BIMS as having a score of (09). In the area of Activity's of Daily Living this resident was assessed as not being able to ambulate, Requires two person assist in the area of bed mobility, and transfer. This resident was assessed as requiring a one person physical assist for dressing, and total dependence for toilet use.</p> <p>A revised Care Plan dated 01/03/22 indicated: Focus- The resident exhibits adverse behavioral symptoms of rolling self off of bed purposefully, sliding self onto floor purposefully. States she will continue to do so until daughter takes her home. (removes devices at times) Goal- The resident</p> | F 580 | | | |

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| F 580 | <p>Continued From page 4</p> <p>will have fewer episodes of adverse behavioral symptoms through next review. Interventions- If reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident.</p> <p>Focus- The resident has impaired cognitive function/dementia or impaired thought processes's r/t Dementia and uses psychotropic drugs for dx of depression. Goal- (blank)</p> <p>Interventions- Monitor/document/report PRN any changes in cognitive function, specifically changes in: decision making ability, memory, recall, and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, mental status.</p> <p>Focus- The resident had actual fall r/t Deconditioning, Gait/balance problems. Left humerus fx. Goal- The resident will be free of minor injury through the review date.</p> <p>Interventions- Anticipate and meet the resident's needs. Be sure the The resident's call light is within reach and encourage the resident to use it for assistance as needed.</p> <p>A Nursing Progress Note dated 02/08/22 (08:07) indicated: "What date did fall occur and what were the circumstances? Fall occurred on 02/08/22. Resident was eating breakfast and sitting on the side of the bed talking with her room mate and slid off the bed onto the floor. Current status off resident's injuries or reports of pain from the fall: Right side of jaw bleeding and hematoma on head with c/o severe headache. What is the resident response to the new interventions? Resident is cooperative. What interventions are in place to prevent additional falls? Education and low bed.</p> | F 580 | | | |

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| F 580 | Continued From page 5 Was the Provider/resident and RP notified at the time of the fall? Resident is her RP." A Nursing Progress Note dated 01/14/22 indicated: "Resident has a small skin tear on left forearm, cleansed bacitrim cover site applied." Resident #1's representative/family member was not notified. Nursing Progress Note dated 01/06/22 indicated: "Resident sent to ER form Dialysis due to complaint of chest pain. "Resident #1's representative/family member was not notified. Nursing Progress Note dated 12/26/21 indicated: "Resident sent to ER for chest pain being (sic) on shift, ER called and charge nurse in ER states resident is being admitted to hospital for CHF. Resident #1's representative/family member was not notified. During an interview on 02/24/22 at 3:57 P.M. with the Director of Nursing she stated, Resident #1's representative/family was not notified of significant experiences. A request was made to the DON for a Notification of Change policy. The DON and Administrator stated the facility did not have a "Notification of Change" policy. | F 580 | | | |
| F 657 SS=E | Complaint Deficiency Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- | F 657 | | | 4/8/22 |

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| F 657 | <p>Continued From page 6</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on closed record reviews and staff interview, the facility staff failed to revise two residents (Resident #2 and Resident #1's) care plans to include current fall prevent interventions including monitoring every hour and lowering of bed to lowest position in the survey sample of 2 (two) residents.</p> <p>The findings included:</p> <p>Resident #2 was re-admitted to the facility on 10/29/21 with diagnoses which included syncope, and collapse, CHF, A-Fib, vascular dementia and</p> | F 657 | <p>F657</p> <p>1- Resident #1's Care Plan has been updated for all current fall prevention interventions. Resident #2 is no longer a resident in the center.</p> <p>2- A 30 day look back was conducted for residents with falls to ensure the care plan was updated.</p> <p>3- The Regional Director of DAVS/ designee will educate the IDT on updating care plans following a resident fall.</p> <p>4- The Unit Manager/designee will review residents with falls daily in clinical</p> | | |

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| F 657 | <p>Continued From page 7</p> <p>hypertension. Resident #2 had a fall on 11/13/21 which resulted in bruising over the trunk, body and bilateral lower extremities.</p> <p>An Initial Minimum Data Set (MDS) dated 11/04/21 assessed this resident in the area of Brief Interview for Mental Status (BIMS) as a 7. This resident was assess as requiring one person physical assist in the area of transfer, ambulation, and dressing.</p> <p>A Care Plan dated 11/04/21 indicated: Focus- The resident has impaired cognitive function or impaired thought processes r/t short term memory loss. Goal- The resident will be able to communicate basic needs on a daily basis through the review date. Interventions- Communicate with the resident/family/care givers regarding residents capabilities and needs.</p> <p>Focus- The resident has had for (sic) falls r/t confusion and gait unbalanced. Goal- The resident will be free of falls through the review date. Interventions- Anticipate and meet the resident's needs. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. Pt evaluate and treat as ordered or PRN.</p> <p>A Nursing Progress note dated 11/13/21 (01:32) indicated: "Pt fell out of bed when trying to get up to go to restroom, did not call for assistance, no shoes or nonskid socks present upon assessment. Pt has no new injuries but has remaining injuries from previous falls.</p> <p>Background: History of weakness and multiple falls.</p> <p>Recommendations: Hourly rounds made, bed in</p> | F 657 | <p>meeting 5x weekly to ensure the care plan has been updated with fall prevention interventions.</p> <p>The results will be reported to the monthly Quality Committee for review and discussion to ensure substantial compliance. Once the QA Committee determines the problem no longer exists, review will be completed on a random basis</p> <p>5- Completion date 4/8/22.</p> | | |

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| F 657 | <p>Continued From page 8</p> <p>lowest position with call bell within reach."</p> <p>A review of the clinical records indicated Resident #2 had falls on 11/26/21, 11/23/21, 11/21/21, 11/17/21, 11/13/21, 11/09/21 and 11/07/21.</p> <p>A review of Resident #2's Care Plan did not include revision/interventions of ensuring this resident had on nonskid socks, hourly rounds of monitoring and bed in lowest position.</p> <p>During an interview on 02/25/22 at 11:12 A.M. with the Director of Nursing she stated, the revision were not included in Resident #2's Care Plan.</p> <p>2. Resident #1 was admitted to the facility on 01/14/19 with diagnoses which included end stage renal disease, congestive heart failure, hypoxia, dementia, diabetes mellitus, hypertension and anxiety disorder.</p> <p>A Quarterly MDS dated 01/19/22 assessed this resident in the area of BIMS as having a score of (09). In the area of Activity's of Daily Living this resident was assessed as not being able to ambulate, Requires two person assist in the area of bed mobility, and transfer. This resident was assessed as requiring a one person physical assist for dressing, and total dependence for toilet use.</p> <p>A revised Care Plan dated 01/03/22 indicated: Focus- The resident exhibits adverse behavioral symptoms of rolling self off of bed purposefully, sliding self onto floor purposefully. States she will continue to do so until daughter takes her home.</p> | F 657 | | | |

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| F 657 | <p>Continued From page 9</p> <p>(removes devices at times) Goal- The resident will have fewer episodes of adverse behavioral symptoms through next review. Interventions- If reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident.</p> <p>Focus- The resident has impaired cognitive function/dementia or impaired thought processes's r/t Dementia and uses psychotropic drugs for dx of depression. Goal- (blank) Interventions- Monitor/document/report PRN any changes in cognitive function, specifically changes in: decision making ability, memory, recall, and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, mental status.</p> <p>Focus- The resident had actual fall r/t Deconditioning, Gait/balance problems. Left humerus fx. Goal- The resident will be free of minor injury through the review date. Interventions- Anticipate and meet the resident's needs. Be sure the The resident's call light is within reach and encourage the resident to use it for assistance as needed.</p> <p>A Nursing note dated 01/28/22 indicated: "Resident had a fall: Recommend bed in lowest position."</p> <p>Nursing note dated 12/06/21 indicated: "Resident heard yelling upon entering (sic) writer noted resident was laying on floor on floor mat, bed in lowest position. Resident stated, I think I broke my arm, resident alert x-3 and is able to make needs known. Resident placed in bed. Ambulance called."</p> | F 657 | | | |

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| F 657 | Continued From page 10 Nursing note dated 11/25/21 indicated: Resident yelling "help me, help me, resident was lying in prone position, call bells was noted on the floor, floor mats were present and bed in a low position." Nursing note dated 11/07/21 indicated: "Falls- Resident getting up unassisted, tries to ambulate unassisted." Background: History of weakness and multiple falls. Recommendations: Hourly rounds made, bed in lowest position with call bell within reach." A review of Resident #1's Care Plan did not include revision/interventions of ensuring this resident had on nonskid socks, hourly rounds of monitoring and bed in lowest position. During an interview on 02/25/22 at 11:12 A.M. with the Director of Nursing she stated, the revision were not included in Resident #1's Care Plan. | F 657 | | | |
| F 740 SS=D | Behavioral Health Services CFR(s): 483.40 §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. | F 740 | | | 4/8/22 |

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| F 740 | <p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a closed record review and staff interview, the facility staff failed to provide Behavior Health Services which included behaviors of Resident #1 throwing herself to the floor in the survey sample of 2 residents.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 01/14/19 with diagnoses which included end stage renal disease, congestive heart failure, hypoxia, dementia, diabetes mellitus, hypertension and anxiety disorder.</p> <p>A Quarterly MDS dated 01/19/22 assessed this resident in the area of BIMS as having a score of (09). In the area of Activity's of Daily Living this resident was assessed as not being able to ambulate, Requires two person assist in the area of bed mobility, and transfer. This resident was assessed as requiring a one person physical assist for dressing, and total dependence for toilet use.</p> <p>A revised Care Plan dated 01/03/22 indicated: Focus- The resident exhibits adverse behavioral symptoms of rolling self off of bed purposefully, sliding self onto floor purposefully. States she will continue to do so until daughter takes her home. (removes devices at times) Goal- The resident will have fewer episodes of adverse behavioral symptoms through next review. Interventions- If reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident.</p> <p>Focus- The resident has impaired cognitive</p> | F 740 | <p>F740</p> <p>1- Resident #1 has been assessed by psychiatric services for statements of purposefully falling or placing themselves on the floor.</p> <p>2- A 30 day look back review was conducted for current residents with behaviors of purposefully placing themselves on floor or making statements related to placing themselves on the floor to ensure they have been assessed by psychiatric services.</p> <p>3- The DON / designee will educate Licensed nurses on need to notify psychiatric services of residents purposefully placing self on to the floor or making statements related to placing self on the floor.</p> <p>4 - The Unit Manager/designee will complete daily review of nursing documentation during clinical meeting 5x weekly to ensure residents with behaviors of placing self on to the floor or making statements related to intent to place self on the floor have been referred to or assessed by psychiatric services.</p> <p>The results will be reported to the monthly Quality Committee for review and discussion to ensure substantial compliance. Once the QA Committee determines the problem no longer exists, review will be completed on a random basis.</p> <p>5- Completion date 4/8/22.</p> | | |

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| F 740 | <p>Continued From page 12</p> <p>function/dementia or impaired thought processes's r/t Dementia and uses psychotropic drugs for dx of depression. Goal- (blank)</p> <p>Interventions- Monitor/document/report PRN any changes in cognitive function, specifically changes in: decision making ability, memory, recall, and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, mental status.</p> <p>Focus- The resident had actual fall r/t Deconditioning, Gait/balance problems. Left humerus fx. Goal- The resident will be free of minor injury through the review date.</p> <p>Interventions- Anticipate and meet the resident's needs. Be sure the The resident's call light is within reach and encourage the resident to use it for assistance as needed.</p> <p>A 1/28/22 Nursing note indicated: " Type of behavior: resident was screaming that if someone didn't get her out of this facility she was going to put herself on the floor. Went in residents room, bell (sic) in lowest position, resident was laying on the floor right next to her bed, resident stated that if no one was going to help her get out that she was going to keep trying to get out herself."</p> <p>Nursing note dated 12/06/21 indicated: "Resident heard yelling upon entering (sic) writer noted resident was laying on floor on floor mat, bed in lowest position. Resident stated, I think I broke my arm, resident alert x-3 and is able to make needs known. Resident placed in bed. Ambulance called."</p> <p>Nursing note dated 11/25/21 indicated: Resident yelling "help me, help me, resident was lying in prone position, call bells was noted on the floor,</p> | F 740 | | | |

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| F 740 | <p>Continued From page 13</p> <p>floor mats were present and bed in a low position."</p> <p>Nursing note dated 11/07/21 indicated: "Falls-Resident getting up unassisted, tries to ambulate unassisted."</p> <p>Background: History of weakness and multiple falls. Recommendations: Hourly rounds made, bed in lowest position with call bell within reach."</p> <p>A 1/29/22 Behavioral Health Services note indicated: " Date of service 01/29/22, Visit type: F/U therapy Transition of Care: No transition occurred. Details: This is a copy of a signed encounter note documented in Progress Note. Mental Status Examination Appearance/Behaviors: The patient is a 72 year old Caucasian female of average height and build who appeared older than her stated age. Sensorium: The patient was aware of her surroundings. Orientation: The patient was oriented to person, place and situation but was unaware of time. Speech: The patient's speech was frequently organized but she would occasionally get confused. Mood: The patient described her mood as "pretty good." Affect: The patient affect was blunted. Thought Process: The patient's thoughts were organized but could get confused at times. Hallucinations:</p> | F 740 | | | |

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| F 740 | <p>Continued From page 14</p> <p>The patient denied all delusions.</p> <p>Short-Term Memory: The patient's short term memory was impaired.</p> <p>Long-Term Memory: The patient's long term memory was impaired at times.</p> <p>Concentration: The patient's concentration was adequate.</p> <p>Insight: The patient's insight was impaired.</p> <p>Judgement: The patient's judgment was impaired.</p> <p>Suicidal Ideation/Risk: The patient denied suicidal ideation.</p> <p>Homicidal ideation/Risk: The patient denied homicidal ideation.</p> <p>Session Content and focus Focus of Session: The session focused on the patient's mood and orientation. The patient described her mood as "pretty good" and her affect was flat. The patient discussed the fact that she went to dialysis yesterday and that she doesn't like to go. She discussed the fact that she gets sad whenever she has to go and that it makes her feel like she will die soon. We discussed that (sic) fact that it was actually the opposite in that it is helping her to stay alive. She grudgingly agreed that it was necessary. We discussed her children and her ex-husband and she was angry with them all. She talked about raising her children and the fact that they haven't visited her in years and she doesn't understand why. She discussed her leaving her husband who was unfaithful and was happy to do it.</p> <p>Psychotherapeutic Techniques Used all that apply to this session: Supportive techniques used all that apply to this</p> | F 740 | | | |

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| F 740 | Continued From page 15 session: Treatment Goals include: 1. Assist the patient with orientation. 2. Improve techniques for her memory. 3. Assist with coping skills for depression. During an interview on 02/25/22 at 11:32 A.M. with the Director of Nursing she stated, The Psychotherapist for Resident #2 was never informed of her behaviors of throwing herself on the floor from the bed. Nor was the therapist aware that Resident #1 was committing these acts because she wanted her family to visit and take her out of the facility. | F 740 | | | |
| F 888 SS=D | COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. §483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and | F 888 | | | 4/8/22 |

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| F 888 | <p>Continued From page 16</p> <p>(iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.</p> <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:</p> <p>(i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i) (1) of this section; and</p> <p>(ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section.</p> <p>§483.80(i)(3) The policies and procedures must include, at a minimum, the following components:</p> <p>(i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely</p> | F 888 | | | |

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| F 888 | Continued From page 17 documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of | F 888 | | | |

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| F 888 | <p>Continued From page 18</p> <p>staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as evidenced by: Based on staff interviews and review of facility documents, the facility staff failed ensure all staff received, at a minimum, one dose of COVID-19 vaccine prior to providing care/treatment/services for the facility and failed to ensure a process for tracking and securely documenting the COVID-19 vaccination status for agency staff.</p> <p>The findings included:</p> <p>1. Review of the facility's employee documents revealed one staff member (receptionist) did not received, at a minimum, one dose of COVID-19 vaccine prior to providing services for the facility. The receptionist started working in the facility on 01/26/22 and worked a total of nine (9) days</p> | F 888 | <p>F888</p> <p>1- Employee has received her second vaccination as of 3/3/22. Agency staff member has not worked at facility since February 17, 2022.</p> <p>2 - Current residents in the center have the potential to be affected.</p> <p>3 - The DON/designee will educate the Human Resource Manager and Infection Preventionist on requirement to verify and document newly hired facility staff / agency staff vaccination status prior to working at the facility.</p> <p>4 - The Admin/designee will audit new hires and new agency staff who may be assigned to facility for accurate</p> | | |

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| F 888 | <p>Continued From page 19 before being vaccinated on 02/10/22.</p> <p>An interview was conducted with the Infection Preventionist and Director of Nursing (DON) on 02/24/22 at approximately 11:15 a.m., who stated, "Human Resources should have made sure copies of the Receptionist vaccination card was obtained before starting work 01/26/22. The DON said the receptionist was removed from the scheduled and will not return to work until she receive her second dose of the COVID-19 vaccine.</p> <p>A phone call was placed to the Receptionist on 02/24/22 at approximately 2:38 p.m. A message was left, the Receptionist never returned the call.</p> <p>2. A review of the facility as-worked staffing documentation during a 7-day lookback indicated thirty (30) agency staff worked from 02/17/22 - 02/23/22. A copy of the tracking and securely documenting the COVID-19 vaccination status for agency staff was requested from the Infection Preventionist, who stated, "I haven't been tracking the agency staff for their vaccination status."</p> <p>The facility provide the vaccination status of all the agency staff working from 02/17/22 - 02/23/22. Certified Nursing Assistant (CNA) #1's vaccination card revealed the CNA received the first dose of her COVID vaccine on 12/26/21 but have not received her second dose or when the second dose is scheduled to be administered. The Director of Nursing stated, "We did not know CNA #1 had not received her second dose of COVID-19 until it was requested by the surveyor."</p> <p>A phone call was placed to CNA #1 on 02/24/22</p> | F 888 | <p>vaccination status prior to working in facility.</p> <p>The results will be reported to the monthly Quality Committee for review and discussion to ensure substantial compliance. Once the QA Committee determines the problem no longer exists, then review will be completed on a random basis.</p> <p>5 <input type="checkbox"/> Completion date 04/8/22</p> | | |

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| F 888 | <p>Continued From page 20</p> <p>at approximately 2:35 p.m., but was unable to leave a message due to call being rejected.</p> <p>An interview was conducted with the Administrator and Director of Nursing (DON) on 02/25/22 at approximately 10:24 a.m. The DON said she had reached out to the CNA and the (name of agency) will no return call. The DON was asked when is CNA scheduled to receive her second dose of COVID-19, she replied, "I'm not sure." The Administrator stated, "The CNA has been removed from the scheduled and will not be able to return to work until she has proof that she has received her second dose of COVID-19.</p> <p>The Administrator, Director of Nursing, Regional Director of Clinical Services and Assistant Director of Nursing were informed of the finding during a debriefing on 02/25/22 at approximately 12:45 p.m. The facility staff did not present any further information about the findings.</p> <p>The facility's policy titled COVID-19 Vaccination policy with an effective date of 01/25/22.</p> <p>-Procedure: This mandatory COVID-19 vaccination policy applies to all facility staff, regardless of clinical responsibility or resident contact.</p> <p>-All employees are required to be fully vaccinated as a condition of employment. Employees are considered fully vaccinated 2 weeks after completion of a primary COVID-19 Vaccine series.</p> <p>-Contracted workers (including but not limited to agency, travelers, students, and vendors) are also required to have received the full vaccine.</p> | F 888 | | | |

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| 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 02/24/2022 |
| NAME OF PROVIDER OR SUPPLIER VIRGINIA BEACH HEALTHCARE AND REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 CAMELOT DRIVE VIRGINIA BEACH, VA 23454 | | |
| (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 888 | Continued From page 21 -The Human Resource (HR) Manager should make sure all applicants are aware of the vaccine expectations during the screening process. HR Manager should receive documented proof of full vaccination. -Proof of full COVID-19 vaccination should be maintained for all employees in their personnel file. The center will track and securely document each staff member's vaccination status including exemptions. | F 888 | | | |