PRINTED: 05/16/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495309	B. WING		C	
	ROVIDER OR SUPPLIER HEIGHTS REHABILITAT			STREET ADDRESS, CITY, STATE, ZIP CODE 827 NORVIEW AVENUE NORFOLK, VA 23509	04/07/2022	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 000	INITIAL COMMENTS		F 000			
	complaint survey was 4/7/22. Corrections a with 42 CFR Part 483 requirements. One co	dicare/Medicaid abbreviated conducted 4/5/22 through re required for compliance Federal Long Term Care complaint was investigated 00052817-Subtantiated with				
F 710	at the time of the survicensisted of 1 current	certified bed facility was 46 vey. The survey sample t resident review (Residents ord review (Resident #2).	F 710		5/9/22	
SS=D	S483.30 (a)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	ervices sonally approve in writing a an individual be admitted to ent must remain under the A physician, physician citioner, or clinical nurse le orders for the resident's				
	§483.30(a) Physician The facility must ensu §483.30(a)(1) The me is supervised by a ph	ure that- edical care of each resident				
	§483.30(a)(2) Anothe medical care of reside physician is unavailal This REQUIREMENT by:	er physician supervises the ents when their attending ble. This is not met as evidenced out investigation, clinical		Resident #2 was discharged from to center on 5/13/21. No immediate	he	
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE	(X6) DATE	

05/02/2022 **Electronically Signed**

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION JILDING			(X3) DATE SURVEY COMPLETED	
		495309	B. WING _				C /07/2022	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04/	0112022	
					27 NORVIEW AVENUE			
NORVIEW	HEIGHTS REHABILIT	TATION AND NURSING			ORFOLK, VA 23509			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 710	Continued From pa	nge 1	F 7	710				
	document review th	ne facility staff failed to ensure			correction can be initiated.			
		in the treatment and services						
		ons upon admission for 1 of 2			2. All residents are at risk when a			
		nple, Resident #2. The facility			residents care is not supervised by a			
		e Resident #2's admission			physician.			
	attending physiciar	eviewed timely by the			3. Clinical staff to include nurse			
	attending physician	personany.			practitioner, physician assistants, and			
	The findings includ	ed:			attending physician will be educated or	า		
					the need to supervise residents medica			
		dmitted to the facility on			care including medication orders.			
	_	noses to included but not						
		Mellitus, Hypertension and			4. Audits will be conducted on all new			
		ion. Resident #2 was never			admissions' orders and physician			
	· -	the hospital from 4/30/21 to der observation only in the			assessments weekly x 4 weeks. Any areas of concern identified by the audit	to		
		ecause of no bed availability			will be corrected immediately and re	.5		
		e Resident #2 was not			education provided. Results of audits	will		
		pital no discharge summary			be shared at QAPI meeting and revise			
		facility upon admission. The			as needed.			
		d a emergency department						
		report for the resident. Under						
		at was in place, a 3 day						
	qualifying hospital s	stay was waived for a						
	medicare skilled ad	imission.						
	Resident #2's most	recent comprehensive						
		(MDS) was a 5-day						
		n Assessment Reference Date						
	(ARD) of 5/11/21.	The Brief Interview for Mental						
		#2 was unable to be						
	•	r, the staff assessment						
		ent's short and long term						
	memory was intact							
	Resident #2's Eme	rgency Department After Care						
		or the emergency room stay						
		1 was reviewed and is						
	documented in part	t, as follows:						

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	ROVIDER OR SUPPLIER HEIGHTS REHABILITA	ATION AND NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 827 NORVIEW AVENUE NORFOLK, VA 23509	•		
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	1	
F 710	Continued From pag	ge 2	F 71	0			
		t: cic) 500 mg(milligrams) take 1 very 8 hours for 7 days.					
	Glipizide 5 mg take	out these medications: 1 tablet by mouth twice a day. ng insert 1 suppository					
	Ditropan XL 5 mg ta day.	tke 1 tablet by mouth once a 1 capsule by mouth daily					
	after supper.	te 1 tablet every 6 hours as					
	Instructions: Today, Name (Residurinary tract infectio	dent #2) was treated for his n,					
	•	cystitis with hematuria, n, frequent falls, and finger					
	Resident #2's Prograre documented in p	ess Notes were reviewed and part, as follows:					
	(patient) arrived at 9 arouse, vs (vital sign b/p (blood pressure temp(temperature)-02 stats- 98%. Note back of right hand. I diagnosis weakness UTI(urinary tract informental state and co	Nursing Admission Note: Pt 0:30 pm sleeping, hard to ns) wnl (within normal limits) 0-125/80, 97.3, pulse- 67, res-20, and d bruising on both knees and Pt 78 y/o (year old) male s, confusion, frequent falls, ection), unable to asses pt nduct any additional pt being sleep all shift. No					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495309	B. WING _			1	07/ 2022
	ROVIDER OR SUPPLIER	TION AND NURSING	•	82	TREET ADDRESS, CITY, STATE, ZIP CODE 17 NORVIEW AVENUE ORFOLK, VA 23509		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 710	known allergies. Will 5/6/2021 16:27(4:27) Note: vital signs T(tel 75, Regular Respirati 156/69, O2(oxygen) a. LEVEL OF CONS 2. ORIENTATION Resident is alert and person,place, time 3. COGNITION intact Respiratory observal lung sounds- left lung lung sounds- right lung lung sounds- right lung sounds: Are there changes in status? no EDEMA Pitting 0 - no 5/7/2021 06:17 a.m. I RESIDENT IS CURR ADVERSE REACTIO WRITER AT THIS TIP CURRENTLY IN HIS 5/7/2021 13:58(1:58) Note: Resident remai uti(urinary tract infect reactions noted. He r 5/8/2021 11:53 a.m. I Resident remains in It to arousal denies pai of acute distress rem	continue to monitor. p.m.) daily nursing charting imperature) 96.9, P(pulse) ons 18, BP (blood pressure) 97 % - Room Air CIOUSNESS Alert oriented to the following ition: g: clear ind details of right lung iresidents Respiratory one Nursing Progress Note: ENT ON ABT R/T UTI. NO IN NOTED BY THIS ME. RESIDENT IS ROOM RESTING. p.m.) Nursing Progress ins on abt(antibiotic) for ion) with no adverse emains afebrile. Nursing Progress Note: p.m.) Sursing Progress ins on abt(antibiotic) for ion) with no adverse emains afebrile. Nursing Progress Note: ped resting comfortable easy in no s/s (signs or symptoms) ains on Keflex/uti no s/s of dent mains afebrile easy to	F	710			

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		495309	B. WING _			C 04/07/2022	
	ROVIDER OR SUPPLIER	TION AND NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 827 NORVIEW AVENUE NORFOLK, VA 23509			
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F 710	5/10/2021 20:34 (8:3) Note: Resident cont of No s/s of adverse real Will cont to monitor. 5/13/2021 02:51 a.m. vital signs T 97.8, P. 9. 179/80, O2 99.0 Roo a. LEVEL OF CONS 2. ORIENTATION Resident is alert and person 3. COGNITION Short-term memory Respiratory observating sounds- left lur lower lobes of lungs: Lung sounds- right lur lower lobes of lungs: Are there changes in status? no EDEMA Pitting 0 - no 5/13/2021 18:58 (6:5 SBAR(situation, back recommendation) Su Situation: The Change this Evaluation are/we condition At the time of evaluations in the commendation of the property	4 p.m.) Nursing Progress on Keflex r/t(related to) UTI. actions observed. Temp 97.8. daily nursing charting Note: 97, Regular R 19.0, BP m Air. CIOUSNESS Alert oriented to the following loss tion: ag Auscultate upper and Clear ung Auscultate upper and Clear aresidents Respiratory one 8 p.m.) eINTERACT aground, assessment and mmary for Providers are In Conditions reported on ere: Other change in tion resident/patient vital od sugar were: 2 168/90 -Position: Lying at Type: Regular	F7	10			

Facility ID: VA0247

AND DUAN OF CODDECTION		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495309	B. WING		04/07/2022
	ROVIDER OR SUPPLIER HEIGHTS REHABILITA			STREET ADDRESS, CITY, STATE, ZIP CODE 827 NORVIEW AVENUE NORFOLK, VA 23509	1 04/07/2022
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F 710	Resident/Patient is in Care Outcomes of Physical findings reported on evaluation for this character and part of the control of	al Assessment: Positive the resident/patient range in condition were: luation: No changes Evaluation: No changes Evaluation: No changes Evaluation: No changes er Feedback: Primary Care with the following feedback: ns: send to er (emergency ration) ers: 4 p.m.) Progress Note: via 911 per on call orders. 00. DON (Director of rots sister RP (responsible) Sugar Summary tab was umented in part, as follows: 1.: 513.0 mg/dL. Stan Orders were reviewed in part, as follows: 50 MG ed for order. 1t 5/5/2021. Ged ed for order.	F 7		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED		
		495309	B. WING		C 04/07/2022		
	ROVIDER OR SUPPLIER HEIGHTS REHABILITA	TION AND NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 827 NORVIEW AVENUE NORFOLK, VA 23509		•		
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F 710	Continued From pag	ge 6	F 71	0			
	No directions specific Struck Out 5/5/2021						
	Obtain cbc w diff (cc BMP(basic metaboli one time only: Order Date: 5/12/20						
	dated 5/12/21 that w	ssion History and Physical as completed by the Medical ed and is documented in part,					
	Vital Signs: Pulse: 9 O2 (oxygen) saturat Temperature: 97.6, l Physical Exam: General: Well-groot	story and Physical sizide 10 mg oral daily. 25, Blood Pressure: 188/89, ion: 100% on room air. Respiratory Rate: 18. med in no acute distress. ar sounds heard throughout sterior lungs. phitive impairment. lent and Plan:					
	reviewed and are do Collected: 5/13/21 a Reported: 5/13/21 a GLUCOSE: 513 (CH WBC (white blood of On 4/6/22 at 3:34 p. conducted with RN (#1 was asked what	t 18: H) (critical high) count) 15.8 H (high) m. a phone interview was Registered Nurse) #1. RN to explain what orders the					
		to the facility with on 5/4/21 e he was a diabetic. RN #1					

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F 710	was an after care. There was no disc the resident was remergency room covid there were non the after care is PCC (point click of was verify them we called back. I was just helping the of in he was alert an follow directions, hospital. No famino idea from what he was a diabetic called on-call to he was a diabetic called on-call to he admission ord I also help send he 5/13/21. The lab critical high glucosalso high. The att values and ordere the emergency roalert to person an mental changed in On 4/7/22 at 2:53 conducted with LF #1 who was the an on 5/4/21. LPN # admission orders hard to remember a medication out to because the on-call to he and the second of the secon	when he (Resident #2) came in visit summary from the hospital. charge summary because the never admitted. He was in the for his whole stay, because of no beds. I reviewed the orders summary and entered them into are) so all his nurse had to do with the attending when they n't his nurse that night but was her nurse out. When he came do oriented to self and could but he thought he was still in the sty members were with him. I had the hospital send with him that on admission. Before I left I have the provider call back so hers could be verified, then I left. I have the hospital on called a little after 6 p.m. with a see of 513 and his wbc's were tending was called with the dofor the resident to be sent to om. He (Resident #22) was dothere was no physical or	F 7	10			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495309	B. WING _				0 7/2022
	ROVIDER OR SUPPLIER	TION AND NURSING	1	827	REET ADDRESS, CITY, STATE, ZIP CODE NORVIEW AVENUE NRFOLK, VA 23509	1 04	0172022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 710	Continued From page discharge summary of from the emergency had a few meds on it diagnosis. When the called back she only Name (NP#1) is very was no discharge sur of the orders since the said to put the aftercabook to be reviewed came in to see the reconducted with the MR esident #2's facility stated, "Name (Resident #2's facility stated, "Name (Resident #2's facility stated, "Name (Resident arrived therefrom the hospital only encounter summary admitted. I have met make sure that all residischarge summary twe were a little behin came in to see the regot there we had finat the emergency room	only a aftercare summary room. The summary only and a no diabetes NP (Nurse Practitioner) #1 verified some of the orders. cautious and since there mary she did not verify all ere were no diagnoses. She are summary in the physician by the physician when he sident." In a phone interview was edical Director regarding stay. The Medical Director lent #2) was admitted late on tal emergency department in to 5/4/21. When the was no discharge summary of an emergency room since the resident was never with the hospital board to		710			
	assess the resident a distress and his vital a CBC and a BMP to any diabetic medicati kidneys were function critical labs came bac the resident was sent room." The Medical could call this survey	signs were stable. I ordered be done before I restarted ons to ensure the resident's ning properly. When the ck on the evening on 5/13/21 out 911 to the emergency Director was asked if NP #1 or. The Medical Director was out of the country and					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ONSTRUCTION	(X3) DATE	SURVEY
		495309	B. WING _				C /07/2022
	ROVIDER OR SUPPLIER HEIGHTS REHABILITA	TION AND NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 827 NORVIEW AVENUE NORFOLK, VA 23509			
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F 710	Continued From pag	e 9	F	710			
	Medical Director sen of him asking NP #1 holding Resident #2's due to no hospital dis diagnoses. NP #1 re may have."	a a text application" The t this surveyor a screen shot if she could remember s glipizide upon admission scharge summary and esponded via text stating, "I					
		ed "Admission Orders: last eviewed and is documented					
	writing, a recommend admitted to a facility. assistant or nurse pro	nust personally approve, in dation that an individual be A physician, physician actitioner must provide nts' immediate care and					
	2. The orders should	nd Compliance Guidelines: d allow facility staff to provide resident consistent with the d physical status on					
	held with the Administ Nursing, the Regional Director the above information Director of Operation out to the hospital and residents must be accommanded by the summary upon administration of t	n. a pre-exit debriefing was strator, the Director of all Director of Operations and of Clinical Services where in was shared. The Regional is stated, "We have reached in they are aware that all companied with a discharge sign. Our Medical Director is hospital board regarding of exit no further information.					

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NAME OF PRO	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		04/01/2022	
NORVIEW H	IEIGHTS REHABILITAT	TION AND NURSING		827 NORVIEW AVENUE			
NORVIEW	LIOTTO RETIABLETA	TON AND NONOING		NORFOLK, VA 23509			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE				