STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0169	A. BUILDING: _____ B. WING _____	C 07/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANS POINTE REHABILITATION AND NURSING	200 WEST CONSTANCE ROAD SUFFOLK, VA 23434

(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) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 07/05/22 through 07/08/22 and 07/11/22 through 07/12/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Seven (7) complaints were investigated during the survey: VA00055522-Substantiated, with a deficiency, VA00054831-Substantiated, with a deficiency, VA00054645-Substantiated, with a deficiency, VA00054349-Substantiated, with a deficiency, VA00055161-Substantiated, with a deficiency, VA00055456-Substantiated, with a deficiency, VA00055450-Substantiated, without a deficiency. The census in this 148 certified bed facility was 94 at the time of the survey. The survey sample consisted of 41 current Resident reviews and 6 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility staff was not in compliance with the Rules and Regulations for the Licensure of Nursing Facilities: 12 VAC 5-371-220 (F). Quality of Life. ADL Care Provided for Dependent Residents Under section (F). Each resident shall receive tub or shower baths as often as needed, but not less than twice weekly. Based on resident interviews, staff interviews and clinical record review the facility staff failed to provide personal care to provide twice a week	F 001	1.Residents # 29 and 68 are offered showers per facility protocol. 2.All residents who depend on staff for ADL care have the potential to be affected. 3.The Director of Nursing will educate all license staff on completing and offering showers to all residents per facility protocol. 4.The Director of Nursing/or Designee will audit 10 Residents per week x 4 weeks to ensure compliance with showers. The results of the audits will be reported by the Director of Nursing to the QAPI team	8/19/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/16/22

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F 001	Continued From page 1 showers for 3 of 40 residents (Resident #29, #68) in the survey sample who was unable to independently carry out activities of daily living (ADL's). The findings included: 1. Resident #29 was admitted to the facility on 05/31/22. Diagnosis for Resident #29 included but are not limited to quadriplegia and cerebrovascular disease (CVA). Resident #29's Minimum Data Set (MDS-an assessment protocol) a quarterly assessment with an Assessment Reference Date of 04/22/22 coded Resident #29 with short and long-term memory problems and cognitive skills severely impaired-never/rarely made decisions. The MDS coded Resident #29 total dependent of two with bed mobility, transfer and toilet use, total dependence of one with dressing, eating, personal hygiene and bathing for Activities of Daily Living (ADL) care. The MDS coded Resident #29 always incontinent of bowel and bladder. Under section G0400 -Functional limitation in Range of Motion (ROM) was coded with impairment of both side to upper and lower extremities. Resident #29's person-centered care plan with a revision date of 02/03/2022 documented the resident with ADL self-care performance deficit related to stroke. The goal set for the resident by the staff is for needs to be anticipated and met by staff through the review date of 07/25/22. One interventions to manage goal include to assist Resident #29 with personal hygiene care. A phone interview was conducted with Resident #29's Responsible Representative (RR) on	F 001	monthly to ensure ongoing compliance.	

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F 001	Continued From page 2 07/11/22 at approximately 6:25 p.m. She said the staff are not giving Resident #29 her showers twice a week. Review of Resident #29's shower scheduled revealed showers were to be given every Monday and Thursday (7a-3p) shift. A review of the Certified Nursing Assistant (CNA tracking form) for showers revealed showers were not provided on the following shower days: -May 2022: 05/05, 05/19, 05/23, 05/26 and 05/30/22. -June 2022: 06/06, 06/09, 06/13, 06/16 and 06/27/22. A call was placed to CNA#5 on 07/12/22 at approximately 5:13 p.m. Someone answered the phone and said CNA #5 is not available to speak to you at this time." The CNA was assigned to provide showers to Resident #29 on all days mentioned above. A review of the CNA tracking form was coded (BB) for bed baths given for the days mentioned above. A debriefing was conducted with the Administrator and Director of Nursing (DON) 07/12/22 at approximately 5:25 p.m. The DON said the CNA's are to provide showers twice a week according to the residents personal shower schedule." 2. Resident #68 was admitted to the facility on 09/05/18. Diagnosis for Resident #29 included but are not limited to Cerebral Infarction with right side hemiplegia and hemiparesis. The most recent Minimum Data Set (MDS) a quarterly assessment with an Assessment	F 001		

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F 001	Continued From page 3	F 001		

Reference Date (ARD) of 05/31/22 coded the resident on the Brief Interview for Mental Status (BIMS) with a score of 12 out of a possible score of 15, which indicated moderate cognitive impairment for daily decision-making. In section "G" (Physical functioning) the MDS coded Resident #68 requiring total dependence of one with bathing, extensive assistance of one with toilet use and personal hygiene and supervision with limited assistance of one with bed mobility, transfer, dressing and eating for Activities of Daily Living (ADL) care. Under section G0400 -Functional limitation in Range of Motion (ROM) was coded with impairment one side to his upper and lower extremities.

Resident #68's person-centered care plan created on 09/10/21 documented the resident has an ADL self-care performance deficit r/t previous CVA with residual with right sided hemiplegia, weakness/debility, chronic right shoulder pain, cervical spondylosis with myelopathy. The goal set for the resident by the staff is the resident will maintain current level of function in ADL's through the review date 06/30/2022. One interventions to manage goal include to assist the resident as needed with completing ADLs.

An interview was conducted with Resident #68 on 07/06/22 at approximately 12:02 p.m., who stated, "I haven't had a shower for at least a month now, the staff don't even offered me showers."

Review of Resident #68's shower scheduled revealed showers were to given every Monday and Thursday (7a-3p) shift. A review of the Certified Nursing Assistant (CNA) tracking form for showers revealed showers were not provided on the following shower days:

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F 001	Continued From page 4	F 001		

-May 2022: 05/02, 05/09, 05/16 and 05/30/22.
-June 2022: revealed that showers were not given for the entire month.

Review of Resident #68's shower scheduled revealed showers were to given every Tuesday and Friday (7a-3p) shift for the month of July 2022. A review of the CNA tracking form for showers revealed showers were not provided from 07/01/22 through 07/12/22.

A call was placed to CNA#5 on 07/12/22 at approximately 5:13 p.m. Someone answered the and said CNA #5 is not available to speak to you at this time." The CNA was assigned to provide showers to Resident #68 on the following days: 05/02, 05/16, 06/02, 06/09, 06/13, 06/16, 06/20, 06/23 and 06/27/22 (7a-3p) shift. A review of the CNA tracking form was coded (BB) for bed baths given for the days mentioned.

A phone call was placed to CNA #4 on 07/12/22 at approximately 5:20 p.m. The CNA was assigned to provide care and services to Resident #68 on the following days: 06/30, 07/05 and 07/12/22 (7a-3p) shift. A message was left, the CNA never returned the call.

A debriefing was conducted with the Administrator and Director of Nursing (DON) 07/12/22 at approximately 5:25 p.m. The DON said the CNA's are to provide showers twice a week according to the residents personal shower schedule.

The facility's policy titled Activities of Daily Living (ADL's) revised on 11/01/21.
-Policy Explanation and Compliance Guidelines:
3. A resident who is unable to carry out activities

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F 001	Continued From page 5 of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. -12 VAC 5-371 (A) (2). QAPI Plan. Cross reference to F-865 -12 VAC 5-371-170 (A). Qaa Committee. Cross reference to F-868. -12 VAC 5-371-180 (A,C). Infection Control. Cross-Reference to F880. -12 VAC 5-371-200 (A). Director of Nursing. Please cross reference to F727. -12VAC-5-371-220 (A. B. C,1. D. H). Nursing Services. Cross Reference to F-580, F-658, F-684, F-696, F695, F-697, and F-760. -12 VAC5-371-250 (A). Resident Assessment and Care Planning. Cross reference to F-641. -12 VAC 5-371-370 (A, B, E). Maintenance and Housekeeping Cross-Reference to F584, F925 and F908. XXXXXX120 days XXXXXXCRCC	F 001		