

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JAMES RIVER NURSING AND REHABILITATION CENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>540 ABERTHAW AVENUE NEWPORT NEWS, VA 23601</b>
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 11/29/22 through 12/01/22.</p> <p>The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 154 certified bed facility was 134 at the time of the survey. The survey sample consisted of 34 current Resident reviews and 5 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5-371-160 (B) (3) Cross reference F568</p> <p>COV 32.1-138.01 (A) (8) Cross reference F600</p> <p>12 VAC 5-371-140 Cross reference F607</p> <p>12 VAC 5-371-210 (F) (1) Cross reference F609 and F610</p> <p>12 VAC 5-371-250 (A) and (D) and (E) Cross reference F641</p> <p>12 VAC 5-371-371-220 (C) (1) Cross reference F686</p> <p>12 VAC 5-371-320 (B) Cross reference F791</p> <p>12 VAC 5-371-340 (G) Cross reference F802, F803, F804</p>	F 001	<p>Please see the corresponding F-Tags listed, if applicable, for the detailed plan of correction for each of the state licensure requirements listed below.</p> <p>12 VAC 5-371-160 (B) (3) Cross reference F568</p> <p>COV 32.1-138.01 (A) (8) Cross reference F600</p> <p>12 VAC 5-371-140 Cross reference F607</p> <p>12 VAC 5-371-210 (F) (1) Cross reference F609 and F610</p> <p>12 VAC 5-371-250 (A) and (D) and (E) Cross reference F641</p> <p>12 VAC 5-371-371-220 (C) (1) Cross</p>	1/16/23

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

TITLE

(X6) DATE

Electronically Signed

01/09/23

State of Virginia

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F 001	<p>Continued From page 1</p> <p>12 VAC 5-371-340 (A) Cross reference F812 and F814</p> <p>12 VAC 5-371--170 (A) Cross reference F867</p> <p>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.</p> <p>Based on resident interview, staff interviews and clinical record review the facility staff failed to provide personal care to provide twice a week showers for 1 of 33 residents (Resident #59) in the survey sample who was unable to independently carry out activities of daily living (ADL's).</p> <p>The findings included:</p> <p>Resident #59 was originally admitted to the nursing facility on 10/15/19. Diagnosis for Resident #59 included but are not Cerebrovascular Accident (CVA) with hemiparesis/hemiplegia. The most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 09/07/22 coded the resident on the Brief Interview for Mental Status (BIMS) with a score of 14 out of a possible score of 15, which indicated no cognitive impairment for daily decision-making.</p> <p>The MDS coded Resident #59 total dependent of one with bathing, toilet use and dressing, extensive assistance of two with transfer, extensive assistance of one with bed mobility and personal hygiene and limited assistance of one</p>	F 001	<p>reference F686</p> <p>12 VAC 5-371-320 (B) Cross reference F791</p> <p>12 VAC 5-371-340 (G) Cross reference F802, F803, F804</p> <p>12 VAC 5-371-340 (A) Cross reference F812 and F814</p> <p>12 VAC 5-371--170 (A) Cross reference F867</p> <p>12 VAC 5-371-220 (F). Quality of Life. ADL Care Provided for Dependent Residents</p> <ol style="list-style-type: none"> <li>1. Resident #59 was interviewed by the social worker regarding her shower preferences and schedule. Her plan of care was updated accordingly.</li> <li>2. The shower records for all current residents will be reviewed for the past week to ensure the records accurately reflect that a resident was being offered a shower twice weekly. Any variances identified will be corrected.</li> <li>3. The Assistant Director of Nursing/designee will in-service the CNAs on ensuring that residents are offered a shower at least twice weekly and accurate and that we document appropriately.</li> <li>4. The Assistant Director of Nursing/designee will review the shower records weekly for eight weeks to ensure twice weekly showers are being performed or offered to a resident. Any variances will</li> </ol>	

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F 001	<p>Continued From page 2</p> <p>with eating for Activities of Daily Living (ADL) care. The MDS coded Resident #59 always incontinent of bowel and bladder.</p> <p>Resident #59's comprehensive care plan with a revision date of 09/02/22 identified Resident #59 totally dependent on staff with bathing. The goal set by the staff is for the resident to be bathed/showered by the staff. One of the interventions/approaches the staff would use to accomplish this goal is to bathe daily / shower two times weekly as tolerated.</p> <p>An interview was conducted with Resident #59 on 11/29/22 at approximately 1:33 p.m., who stated she could not remember the last time she had a shower. She stated she would love to have a hot shower and if you can make it happen, it would be greatly appreciated.</p> <p>A review of Resident #59's shower schedule revealed showers were to be given every Monday on the (3p-11) shift and Friday on the (7a-3p) shift.</p> <p>Resident 59's Data Collection Worksheet revealed only one (1) shower was provide from 09/29/22 through 12/01/22.</p> <p>A review of Resident #59's ADL Documentation Survey Report revealed that showers were not given for the month of August and September 2022.</p> <p>An interviewed was conducted with Certified Nursing Assistant (CNA) #13 on 12/01/22 at approximately 3:12 p.m. The CNA was assigned to provide a shower to Resident #59 on 11/04/22 (1st shift). The CNA stated she was able to give a reason why Resident #59 did not receive her</p>	F 001	<p>be addressed. The Director of Nursing/Designee will identify any patterns or trends and report results to the Quality Assessment and Assurance Committee at least quarterly.</p>	
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F 001	<p>Continued From page 3</p> <p>shower on the day mentioned.</p> <p>On 12/01/22 at approximately 3:15 p.m., an interview was conducted with CNA #14. The CNA was assigned to provide a shower to Resident #59 on 10/07/22 The CNA stated she was able to give a reason why Resident #59 did not receive her shower on the day mentioned.</p> <p>On 12/01/22 at approximately 7:40 p.m., an interview was conducted with the Director of Nursing. She stated she expect for the CNA's to provide showers at least twice a week. She said if the resident refuses their shower, the refusal must be documented in their clinical record and the resident's representative and physician must be notified.</p> <p>A debriefing was held with the Administrator, Director of Nursing, Assistant Director of Nursing, Vice President of Operations and Vice President of Nursing on 12/01/22 at approximately 8:00 p.m., who were informed of the above findings. No further information was provided prior to exit.</p> <p>The facility's policy titled Tub or Shower Bath - revised on 03/01/25. It is the facility's policy to provide a tub or shower bath at least twice weekly. The purpose of receiving a tub or shower bath is to provide cleanliness and comfort to the resident, to assist the resident in bathing, to prevent body odors, to stimulate circulation an provide a mild form of exercise, to observe the resident's skin condition and to alleviate skin problems.</p>	F 001		