PRINTED: 03/17/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		495227	B. WING		R-C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	02/28/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
{F 000}	standard survey con 1/27/23 and 1/30/23 conducted 2/27/23 the complaint (VA00057) deficiency) was inver- required for complian Federal Long Term Of Uncorrected deficient report. Corrected defi- the CMS 2567-B.	edicare/Medicaid revisit to the ducted 1/25/23 through through 1/31/23 was arough 2/28/23. One 614 - substantiated with stigated. Corrections are note with 42 CFR Part 483 Care Requirements. Incies are identified within this efficiencies are identified on	{F 00	00}	
{F 655} SS=D	200 at the time of the consisted of seven cone closed record re Baseline Care Plan CFR(s): 483.21(a)(1 §483.21 Comprehen Planning §483.21(a) Baseline §483.21(a)(1) The faimplement a baseline that includes the insteffective and person that meet profession The baseline care pl (i) Be developed with admission. (ii) Include the minim necessary to properlincluding, but not lim	care Plans decility must develop and elecare plan for each resident eructions needed to provide elecared care of the resident all standards of quality care, an mustinin 48 hours of a resident's num healthcare information y care for a resident ited to-d on admission orders.	{F 65	55}	3/22/23
_ABORATORY I		/SUPPLIER REPRESENTATIVE'S SIGNATUF	RE	TITLE	(X6) DATE

Electronically Signed 03/16/2023

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	COM	E SURVEY IPLETED
		495227	B. WING _			R-C 2/28/2023
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 7300 FOREST AVE RICHMOND, VA 23226	•	120/2023
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
{F 655}	§483.21(a)(2) The comprehensive care plan if the co (i) Is developed vadmission. (ii) Meets the requision (b) of this section this section). §483.21(a)(3) The resident and their of the baseline callimited to: (i) The initial goal (ii) A summary of dietary instruction (iii) Any services administered by the comprehen This REQUIREMED by: Based on staff in review, and clinical failed to develop a eight residents in #106, #107, and #106, #107, and #106 transfer status.	mmendation, if applicable. a facility may develop a are plan in place of the baseline mprehensive care plan-vithin 48 hours of the resident's direments set forth in paragraph (excepting paragraph (b)(2)(i) of the facility must provide the representative with a summary replan that includes but is not so of the resident. The resident medications and so and treatments to be the facility and personnel acting actility. Information based on the details sive care plan, as necessary. ENT is not met as evidenced the record review, the facility staff a baseline care plan for three of the survey sample, Residents 18108.	{F 6:	The facility sets forth the forcorrection to remain in complete federal and state regulations has taken or will take the action in the plan of correction. The plan of correction constitute allegation of compliance. A deficiencies cited have been corrected by the date or date. F655 Baseline Care Plan	pliance with all s. The facility stions set forth he following s the facility□s alleged or will be	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				_		R	-C
		495227	B. WING			02/	28/2023
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		7:	300 FOREST AVE		
WEOTI OI	(REHABIEHAHORAN	B NOROMO OLIVILIA		R	RICHMOND, VA 23226		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 655}	Continued From page A review of R106's cl	e 2 inical record revealed the	{F €	355}	Resident # 106 no longer resides i the facility.	n	
	Note Text: Resident r				Resident #107 no longer resides in the facility.		
		(occupational therapy), she			Resident #108, care plan has been		
		today. Per PT resident is			updated to include diabetes manageme		
		erson if she wants to sit in a recommends resident uses			Current residents have the potention be affected. An audit of current resident		
		oom until further notice. Staff			by the MDS or designee to ensure new		
	made aware."	om and farther heads. Stan			admits from 3/1/2023 have baseline ca		
					plan includes transfer status, primary		
	A review of R106's ba	aseline care plan dated			diagnosis and is complete.		
		al any information related to			3. The Director of MDS or designee v	vill	
	assistance or other re	equirements for transfer.			educate the MDS staff, nursing management and SDC (staffing		
		m., RN (registered nurse)			development coordinator), Director of		
		m data set) coordinator, was			Activity on the process and initiation of	the	
		ed the baseline care plan is			baseline care plan includes transfer		
		or nursing staff when the			status, primary diagnosis, and completi	on	
	resident is admitted to	o the racility.			of baseline care plan. The SDC or designee will educate the licensed nurs	200	
	On 2/28/23 at 8·59 a	m., LPN (licensed practical			on the process for initiation and	,65	
		ewed. She stated when a			completion of baseline care plans.		
	resident is admitted to				The Director of MDS or designee v	will	
		complete the admission			review 5 baseline care plans weekly x		
	nursing assessment				weeks then monthly x 2 months to ensu		
	resident's admission.	She stated the computer			the baseline care plan includes transfe	r	
	software generates th	ne baseline care plan partly			status, primary diagnosis, and complet		
		ursing assessment. She			of baseline care plan. The results of the		
		a baseline care plan is to			review will be discussed at the monthly		
		of what is needed to take			QAPI meeting. Once the QAPI commit		
		e stated it should include a			determines the problem no longer exist	.s,	
		itus, and any particular			the reviews will be completed on a random basis. The Administrator/Direct	etor	
	resident's safety.	therapy department for a			of Nursing are responsible for	,tOI	
	rosidoni s salety.				implementation of the plan of correction	n	
	On 2/28/23 at 9:21 a.	m., LPN #2, a unit manager,			5. Date of Compliance: 3/22/2023		
		stated a baseline care plan				ĺ	
		anually by selecting various					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED	
		495227	B. WING		R-C 02/28/2023
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	02/20/2023
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
{F 655}	can be populated dinursing assessment care plan should incresident safety. On 2/28/23 at 10:09 staff member) #2, the nursing), was intervibaseline care plan is nursing assessment admission nursing a facility staff can go in add items generated stated the concierge admission nursing as is overwhelmed on a participate in the decare plan. She state anything about a resinformation should be care plan. On 2/28/23 at 10:21 administrator, ASM director of clinical outhese concerns. A review of the facilia Assessment & Care "A licensed nurse, ir interdisciplinary tear an individualized carorder to provide efferand the necessary has a safety."	the computer software, or it rectly from the admission. She stated the baseline lude transfer status for a.m., ASM (administrative as assistant director of ewed. She stated the spulled from the admission. She stated after the ssessment is completed, the not the baseline care plan and diby other sources. She anurse usually completes the ssessment, but if that nurse a particular day, other nurses welopment of the baseline dif PT has communicated sident's transfer status, this be included in the baseline a.m., ASM #1, the #2, and ASM #3, the regional atcomes, were informed of	{F 65	5)	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495227	B. WING		R-C 02/28/2023
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
{F 655}	2. For Resident #107 failed to develop a bainformation necessar resident within the re was developed only in R107 was admitted to A review of R107's bainformation on 2/27/2023." The the baseline care plate on 2/28/23 at 8:35 at #1, the MDS (minimulinterviewed. She state	n was provided prior to exit. (R107), the facility staff aseline care plan with y to properly care for a quired timeframe; and what included group activities. to the facility on 2/24/23. aseline care plan revealed rever prefers ties such as (sic). Created re were no other entries in	{F 65		
	nurse) #1 was interviresident is admitted to nursing staff should of nursing assessment resident's admission, software generates the from the admission in stated the purpose of document the basics care of a resident. On 2/28/23 at 9:21 at was interviewed. She can be developed marked to a staff of the s	m., LPN (licensed practical ewed. She stated when a o the facility, the floor complete the admission			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		495227	B. WING _	-		2/28/2023
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 7300 FOREST AVE RICHMOND, VA 23226)DE	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE CORRECTION OF	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
{F 655}	nursing assessment. care plan should incluto safely care for a readmission nurses and responsible for complishe stated when she record the previous ebaseline care plan has tated there was a coand the other floor nuadmission. On 2/28/23 at 10:09 a staff member) #2, the nursing, was interview care plan is pulled from assessment. She staff nursing assessment is can go into the baseling generated by other so concierge nurse usual nursing assessment, overwhelmed on a paparticipate in the devocare plan. She stated anything about a residinformation should be care plan. On 2/28/23 at 10:21 and administrator, ASM #4 director of clinical out these concerns.	sectly from the admission She stated the baseline ade specific items required sident. She stated the d unit managers are leting the baseline care plan. checked R107's clinical vening, she realized the id not been completed. She immunication between her irses following R107's a.m., ASM (administrative assistant director of wed. She stated the baseline im the admission nursing ted after the admission is completed, the facility staff ine care plan and add items burces. She stated the ally completes the admission but if that nurse is articular day, other nurses elopment of the baseline if PT has communicated dent's transfer status, this included in the baseline	{F 6	55}		

NAME OF PROVIDER OR SUPPLIER WESTPORT REHABILITATION AND NURSING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226 PROVIDER'S PLAN OF CORRECTION		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION G	, ,	DATE SURVEY COMPLETED	
WESTPORT REHABILITATION AND NURSING CENTER CAUTION CAUTION			495227	B. WING			R-C 02/28/2023	
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (F 655) Continued From page 6 failed to develop a baseline care plan for the resident's diabetes, and insulin administration. R108 was admitted to the facility on 2/22/23. A review of R108's physician orders revealed the following orders: "Insulin Glargine Subcutaneous Solution 100 UNIT/ML (units per milliliter) (Insulin Glargine) Inject 18 unit subcutaneously at bedtime for DM (diabetes mellitus) type 2 Verbal Active 02/22/2023." "Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 200 - 249 = 1 unit; 250 - 299 = 2 units; 300 - 349 = 3 units; 350 - 399 = 4 units; 400 - 449 = 5 units Contact provider if BG less than 70 or greater than 400, subcutaneously before meals			ND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE		DDE	02/20/2023	
failed to develop a baseline care plan for the resident's diabetes, and insulin administration. R108 was admitted to the facility on 2/22/23. A review of R108's physician orders revealed the following orders: "Insulin Glargine Subcutaneous Solution 100 UNIT/ML (units per milliliter) (Insulin Glargine) Inject 18 unit subcutaneously at bedtime for DM (diabetes mellitus) type 2 Verbal Active 02/22/2023." "Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 200 - 249 = 1 unit; 250 - 299 = 2 units; 300 - 349 = 3 units; 350 - 399 = 4 units; 400 - 449 = 5 units Contact provider if BG less than 70 or greater than 400, subcutaneously before meals	PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A review of R108's MARs (medication administration records) revealed the resident had received insulin as ordered since admission. A review of R108's baseline care plan dated 2/22/22 revealed no information regarding the resident's diagnosis of diabetes or the resident's orders for insulin. On 2/28/23 at 8:35 a.m., RN (registered nurse) #1, the MDS (minimum data set) coordinator, was interviewed. She stated the baseline care plan is developed by the floor nursing staff when the resident is admitted to the facility.	{F 655}	failed to develop a bresident's diabetes, R108 was admitted A review of R108's procession following orders: "Insulin Glargine Su UNIT/ML (units per linject 18 unit subcut (diabetes mellitus) by 02/22/2023." "Insulin Lispro (1 Un Solution Pen-injecto Lispro) Inject as per unit; 250 - 299 = 2 urector - 299 = 4 units; 400 449 = 5 units Contained or greater than 400, for DM 2Active 02 A review of R108's procession for a diagnosis orders for insulin. On 2/28/23 at 8:35 are the MDS (miniminaterviewed. She stated eveloped by the floores.)	asseline care plan for the and insulin administration. to the facility on 2/22/23. chysician orders revealed the boutaneous Solution 100 milliliter) (Insulin Glargine) aneously at bedtime for DM ype 2 Verbal Active it Dial) Subcutaneous r 100 UNIT/ML (Insulin sliding scale: if 200 - 249 = 1 nits; 300 - 349 = 3 units; 350 - ct provider if BG less than 70 subcutaneously before meals //24/2023." MARs (medication ds) revealed the resident had ordered since admission. paseline care plan dated information regarding the of diabetes or the resident's a.m., RN (registered nurse) um data set) coordinator, was sted the baseline care plan is for nursing staff when the	{F 65	5}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7. BOILDII			R-C
		495227	B. WING _			02/28/2023
	ROVIDER OR SUPPLIER	O NURSING CENTER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{F 655}	nursing assessment or resident's admission. software generates the from the admission not stated the purpose of document the basics care of a resident. She resident's diabetes dia administration. On 2/28/23 at 9:21 all was interviewed. She can be developed matoptions provided by the can be populated directly nursing assessment. It a resident's diabetes administration On 2/28/23 at 10:09 at staff member) #2, the nursing), was interviewed baseline care plan is nursing assessment. It admission nursing assessment. It admission nursing assessment admission nursing assessment. It admission nursing assis overwhelmed on a participate in the development of the development of the diabetes diabet	o the facility, the floor omplete the admission within 24 hours of a She stated the computer e baseline care plan partly ursing assessment. She a baseline care plan is to of what is needed to take e stated it should include a agnosis and insulin m., LPN #2, a unit manager, stated a baseline care plan nually by selecting various he computer software, or it octly from the admission She stated it should include diagnosis and insulin m.m., ASM (administrative assistant director of wed. She stated the pulled from the admission She stated after the sessment is completed, the othe baseline care plan and by other sources. She nurse usually completes the sessment, but if that nurse particular day, other nurses elopment of the baseline it should include a agnosis and insulin	{F 6:	55}		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495227	B. WING _		R-C 02/28/2023	
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	02/20/2020	
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{F 655}	these concerns.	ge 8 utcomes, were informed of on was provided prior to exit.	{F 65	5}		
{F 656} SS=D	Develop/Implement CFR(s): 483.21(b)(1) §483.21(b) Compre §483.21(b)(1) The fimplement a compression of each resident rights set for §483.10(c)(3), that objectives and time medical, nursing, an needs that are iden assessment. The condescribe the followi (i) The services that or maintain the resiphysical, mental, ar required under §483.10, inclusived due to the under §483.24, §48 provided due to the under §483.10, inclustreatment under §48(iii) Any specialized rehabilitative service provide as a result recommendations. findings of the PAS, rationale in the resident's represention.	chensive Care Plans facility must develop and ehensive person-centered esident, consistent with the orth at §483.10(c)(2) and includes measurable frames to meet a resident's and mental and psychosocial tified in the comprehensive comprehensive care plan must ang - t are to be furnished to attain dent's highest practicable and psychosocial well-being as 3.24, §483.25 or §483.40; and att would otherwise be required i3.25 or §483.40 but are not resident's exercise of rights uding the right to refuse 83.10(c)(6). services or specialized es the nursing facility will of PASARR If a facility disagrees with the ARR, it must indicate its dent's medical record. vith the resident and the	{F 65	6}	3/22/23	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	CON	E SURVEY MPLETED	
		495227	B. WING		l	R-C 2/28/2023	
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		02/20/2023	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
{F 656}	whether the reside community was a local contact ager entities, for this put (C) Discharge pla plan, as appropriate requirements set section. §483.21(b)(3) The by the facility, as care plan, mustified Be culturally of This REQUIREMED by: Based on observed document review, facility staff failed one of eight resident #105. The findings inclusing For Resident #105 to implement the mats, per the resignificant change (assessment reference was coded as being for making daily dof 15 on the BIMS status). The residence the most received and the most received and the status one fall with no injury procession of the most received and the most received and the status one fall with no injury procession of the most received and the most received and the status one fall with no injury procession of the most received and the most received and the status one fall with no injury procession of the most received and the most received and the status of the status	Facilities must document ent's desire to return to the essessed and any referrals to acies and/or other appropriate arpose. In the comprehensive care ate, in accordance with the forth in paragraph (c) of this eservices provided or arranged outlined by the comprehensive competent and trauma-informed. ENT is not met as evidenced eation, staff interview, facility and clinical record review, the to implement the care plan for ents in the survey sample, de: 6 (R105), the facility staff failed use of gripper socks and fall dent's care plan, for fall and fall ent MDS (minimum data set), a eassessment with an ARD rence date) of 1/14/23, R105 are severely cognitively impaired ecisions, having scored two out to (brief interview for mental ent was coded as having had ury and one fall with an injury	{F 656	F656 Develop/Implement Co Care Plan 1. Resident #105 currently redaily application of gripper somats placed when in bed. 2. Current residents have the affected. An audit by the Designee to verify resident splans with interventions with geand fall mats were followed. 3. The staff development codesignee will educate all licentand CNAs to follow and imples interventions per resident so including use of gripper socks mats. 4. The unit managers or desconduct audits weekly x 4 were monthly x 2 months of the fall verify was followed and imples residents with interventions for socks and fall mats. The resureview will be discussed at the	receiving ocks and fall one potential to poly or fall care gripper socks ordinator or used nurses ament fall care plan is and/or fall eks then care plan to mented for or gripper ults of the		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	L COMPLE	
		495227	B. WING				-C 28/2023
NAME OF D	ROVIDER OR SUPPLIER	1.0022.		97	REET ADDRESS, CITY, STATE, ZIP CODE	02/	20/2023
NAME OF FI	NOVIDER OR SUFFLIER						
WESTPOR	RT REHABILITATION AN	D NURSING CENTER			00 FOREST AVE		
				RI	CHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	•	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
{F 656}	Continued From page	e 10	{F 6	56}			
	room. A fall mat was behind the resident's	propped up against the wall bedside table.			QAPI meeting. Once the QAPI commit determines problem no longer exists, the reviews will be completed on a random	he	
		o.m., R105 was seated in a			basis. The Administrator/Director of		
		way across from the nurse's			Nursing are responsible for		
		was wearing wool socks			implementation of the plan of correction	n.	
	with no gripper featur	e on the bottom of the sock.			5. Date of Compliance: 3/22/2023		
	wheelchair in the con	m., R105 was seated in a nmon area. The resident I socks with no gripper of the sock.					
	left side in bed. There floor. The fall mat wa	m., R105 was lying on their e were no fall mats on the s in the same place as the d up against the wall behind e table.					
	A review of R105's cl resident fell on 2/17/2	inical record revealed the 23.					
	"Gripper socks to fee	are plan revealed, in part: t as indicated. Created on: (s): (specify location -right on 02/24/2023."					
	assistant) #1 stated shad sustained falls when she makes certain the shoes or gripper sock stated the resident is tries to stand up and to safely do so. She shave a fall mat down resident was in bed.	m., CNA (certified nursing the was aware that R105 hile at the facility. She stated the resident is wearing either to when out of bed. She impulsive, and frequently walk, although he is not able stated she was not certain sident was supposed to beside the bed when the She stated she would ask ther or the nurse. She stated if					

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			(X3) DATE SURVEY COMPLETED	
		495227	B. WING		R-		
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP C 7300 FOREST AVE RICHMOND, VA 23226	•	28/2023	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
{F 656}	On 2/28/23 at 8:50 nurse) #1 stated r interventions put i falls. She stated the followed to keep respectively stated fall mats caresident falls out a staff member in the implementing the On 2/28/23 at 10:0 staff member) #2, nursing, was interested fall mats care plan is to a care plan is to a care plan is to a resident's care added to a resident nurse and unit mat communicate these and to the CNAs. reports to oncomit that the report proplan updates/interstaff members. On 2/28/23 at 10:0 administrator, ASI director of clinical these concerns. A review of the fact Comprehensive P part: "The Interdisconjunction with the state of the conjunction with the interdisconjunction with the state of the fact conjunction with the state of the fact conjunction with the state of the fact	supposed to have a fall mat, it ented on the care plan. 9 a.m., LPN (licensed practical esidents' care plans include in place to prevent injuries from nese interventions should be esidents as safe as possible. dents should be wearing shoes they are out of the bed. She in help to prevent an injury if a of the bed. She stated every e facility is responsibility for	{F 6	56}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227		I DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		B. WING _			R-C 02/28/2023		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
				7300 FOREST AVE			
WESTPORT REHABILITATION AND NURSING CENTER				RICHMOND, VA 23226			
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{F 656}	Continued From page 12		{F 6	56}			
	comprehensive, perse each resident."	on-centered care plan for					
{F 689} SS=D		n was provided prior to exit. ards/Supervision/Devices (2)	{F 68	89}		3/22	2/23
	supervision and assis accidents.	sident receives adequate stance devices to prevent is not met as evidenced					
	Based on observation, staff interview, facility document review, and clinical record review, the facility staff failed to implement safety interventions for one of eight residents in the survey sample, Resident #105.			F689 Free of Accident Hazards/Supervision/Devices 1. Resident #105 currently daily application of gripper so mats placed when in bed. 2. Current residents have the	receiving ocks and fa		
	The findings include:			be affected. An audit by the E designee to verify residents w	OON or vith care p	olan	
	implement gripper so	1105), the facility failed to cks and a fall mat as ent falls or injury from a fall.		interventions for gripper sock fall mats are place when resided. 3. The staff development of	dent is in		
	significant change as (assessment reference was coded as being sofor making daily decise of 15 on the BIMS (broatatus). The resident	IDS (minimum data set), a sessment with an ARD ce date) of 1/14/23, R105 severely cognitively impaired sions, having scored two out rief interview for mental was coded as having had and one fall with an injury MDS.		designee will educate all licer and CNAs to follow and imple interventions including use of socks and/or fall mats when r bed to maintain safety, reduct falls. 4. The unit managers or de conduct audits weekly x 4 we monthly x 2 months to verify in the conduct and the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 months to verify in the conduct audits weekly x 4 we monthly x 2 mo	ement fall f gripper resident is te or preve esignee wil eeks then	in ent	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED R-C	
	495227 B. WING						
NAME OF B	20,4850 00 014001450	495221	D. WING _			02	/28/2023
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
WESTPOR	RT REHABILITATION A	ND NURSING CENTER			300 FOREST AVE		
				R	ICHMOND, VA 23226		
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{F 689}	Continued From page 13		{F 6	89}			
(* 333)	On 2/27/23 at 12:25 room. A fall mat was behind the resident! On 2/27/23 at 12:28 wheelchair in the ha station. The residen with no gripper feat. On 2/27/23 at 2:23 pwheelchair in the cowas wearing the wofeature on the botton. On 2/28/23 at 8:07 a left side in bed. The floor. The fall mat w previous day, propp the resident's bedsic A review of R105's con 2/17/23.	2/23 at 12:25 p.m., R105 was not in their afall mat was propped up against the wall the resident's bedside table. 2/23 at 12:28 p.m., R105 was seated in a nair in the hallway across from the nurse's The resident was wearing wool socks gripper feature on the bottom of the sock. 2/23 at 2:23 p.m., R105 was seated in a nair in the common area. The resident aring the wool socks with no gripper on the bottom of the sock. 2/23 at 8:07 a.m., R105 was lying on their in bed. There were no fall mats on the ne fall mat was in the same place as the soday, propped up against the wall behind dent's bedside table.		03)	safety is maintained for residents with care plan interventions for gripper sock are applied and fall mats are in place when resident is in bed. The results of review will be discussed at the monthly QAPI meeting. Once the QAPI commit determines problem no longer exists, treviews will be completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of corrections. Date of Compliance: 3/22/2023	the / ttee he	
	"Gripper socks to fe	care plan revealed, in part: et as indicated. Created on: at(s): (specify location -right d on 02/24/2023."					
	assistant) #1 stated had sustained falls when she certain the shoes or gripper soot stated the resident in tries to stand up and to safely do so. She whether or not the resident in the state of the safely do so.	a.m., CNA (certified nursing she was aware that R105 while at the facility. She stated he resident is wearing either cks when out of bed. She impulsive, and frequently walk, although he is not able stated she was not certain esident was supposed to he beside the bed when the					

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		495227	B. WING				
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{F 689}	either the unit man the resident was a should be documed. On 2/28/23 at 8:59 nurse) #1 stated rinterventions put if falls. She stated the followed to keep rouse She stated all resion gripper socks if stated fall mats caresident falls out of the consumer of the communicate the sand to the CNAs. The reports to oncoming that the report proplan updates/interstaff members. On 2/28/23 at 10:3 administrator, ASI director of clinical these concerns. A review of the face Program," revealed considers all patients. The approach to a Fall approach to a Fall provides an environ of the considers and patients. The approach to a Fall state of the concerns.	and. She stated she would ask mager or the nurse. She stated if supposed to have a fall mat, it ented on the care plan. Dearm., LPN (licensed practical esidents' care plans include in place to prevent injuries from these interventions should be esidents as safe as possible, dents should be wearing shoes they are out of the bed. She in help to prevent an injury if a	{F 6	89}			

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		B. WING _			R-C		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		02/28/2023	
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{F 689}	assessments with evi to develop individual	dence-based interventions	{F 68				