

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETH SHOLOM HOME OF EASTERN VI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6401 AUBURN DR</b> <b>VIRGINIA BEACH, VA 23464</b>		
(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 01/24/23 through 01/26/23. The facility not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 120 licensed bed facility was 103 at the time of the survey. The survey sample consisted of 39 resident 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 was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:  12 VAC 5-371-300 (H) Pharmaceutical Services, Cross Reference F755 and F758.  12 VAC 5-371-300 (I) Pharmaceutical Services, Cross Reference F756.  12 VAC 5-371-220 (A) Nursing Services, Cross Reference F557, F7689.  12 VAC 5-371-250 (G) Resident Assessment and Care Planning, Cross Reference F641 and F656.  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	F 001	1. Resident #23 was interviewed and given a shower as requested on 1/26/2023.  2. All residents who are scheduled to receive showers have the potential to be affected. Residents were interviewed, and no other concerns were voiced, pertaining to showers.  3. Nursing staff will be educated on requirements of showers per assignment. A shower list will be completed every shift with verification by nurse and aide of scheduled showers given.  4. Audits of shower lists will be conducted weekly by unit managers for compliance and/or that refusals were addressed and compliance results will be reported during weekly Standard of Care meetings.	2/17/23

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

TITLE

(X6) DATE

Electronically Signed

02/17/23

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F 001	<p>Continued From page 1</p> <p>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 39 residents (Resident #213) 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 #213 was admitted to the nursing facility on 01/11/23. Diagnosis for Resident #213 included but are not Urinary Tract Infection (UTI), Atrial Fibrillation and weakness.</p> <p>The most recent Minimum Data Set (MDS) was a comprehensive assessment with an Assessment Reference Date (ARD) of 01/24/23 coded the resident on the Brief Interview for Mental Status (BIMS) with a score of 15 out of a possible score of 15, which indicated no cognitive impairment for daily decision-making.</p> <p>The MDS coded Resident #213 extensive assistance of one with bathing, toilet use, bed mobility and limited assistance of one with dressing and personal hygiene and supervision with eating for Activities of Daily Living (ADL) care.</p> <p>Resident #213's comprehensive care plan created on 01/11/23 identified Resident #213 with loss of ADL function/decreased ability to complete ADLs without assistance related to (r/t) decreased mobility, potential for pain, recent hospitalization and other comorbidities. The goal set by the staff is for the resident will have his needs met by staff. Some of the</p>	F 001	<p>5. Our corrective action plan will be in place by 2/17/2023.</p>	

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F 001	<p>Continued From page 2</p> <p>interventions/approaches the staff would use to accomplish this goal is assist with ADLs and encourage residents' involvement in ADLs.</p> <p>An interview was conducted with Resident #213 on 01/24/23 at approximately 3:09 p.m., who stated he's only had one shower since being admitted to the nursing facility. Resident #213 stated he did not need a shower every day but once or twice a week would be great.</p> <p>A review of Resident #213's shower schedule revealed showers were to be given every Monday and Thursday (7a-3p) shift.</p> <p>A review of Resident #213's ADL Documentation Survey Report revealed that showers had not been given since being admitted to the nursing facility on 01/11/23.</p> <p>An interviewed was conducted with Certified Nursing Assistant (CNA) #2 on 01/26/23 at approximately 12:25 p.m. The CNA was assigned to provide a shower to Resident #213 on 01/23/23 (7-3 shift). The CNA stated she really did not know why she did not give Resident #213's his shower on his scheduled shower day.</p> <p>On 01/26/23 at approximately 12:55 p.m., an interview was conducted with the Director of Nursing (DON.) The DON said she expected all residents to receive showers at least twice a week and more often if requested. She stated if the resident refuses their shower, the CNA needed to inform the nurse. She stated the nurse would speak with the resident and if the resident still refuses to take their shower, the refusal is to be documented in the clinical record.</p> <p>On 1/26/2023 at 5:50 p.m., the President/CEO,</p>	F 001			

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F 001	<p>Continued From page 3</p> <p>Executive Administrator, Director of Nursing and Assistant Director of Nursing were informed of the above findings. No further information was provided prior to exit.</p> <p>The facility's policy "Activities of Daily Living (ADLs)" revised on 03/28/19. "It is the facility's policy to provide the resident with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs)."</p> <p>Policy Interpretation and Implementation read in part: "...Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene (bathing, dressing, grooming and oral care)..."</p>	F 001		