

THE **Hoy**
Center
Westminster *Canterbury*
ON CHESAPEAKE BAY

Josephine Jordan, LTC Survey Supervisor
Virginia Department of Health
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1485
Fax: 804-527-4503

Dear Ms. Jordan,
Enclosed you will find the Plan of Correction for the Statement of Deficiencies for the annual licensure survey conducted at The Hoy Center of Westminster Canterbury March 7-9. We ask that you allow this plan to serve as our allegation of compliance.

Please contact me if you have any questions.

Thank you,



Julia Fretwell
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2023
NAME OF PROVIDER OR SUPPLIER WESTMINSTER-CANTERBURY ON CHESAPEAKE BAY			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHORE DRIVE VIRGINIA BEACH, VA 23451		
(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) COMPLETION DATE	
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 03/07/23 through 03/09/23. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaint was investigated during the survey.	E 000	The Plan of Correction does not constitute an admission of liability on the part of the organization, and such liability is hereby specifically denied. The plan submission does not constitute an agreement that the inspection conclusions are accurate, constitute a deficiency, or that the application of scope and severity is correctly applied.		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 03/07/23 through 03/09/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. Two (2) complaints were investigated during the survey: VA00049190-Substantiated, without a deficiency and VA00051419-Substantiated, without deficiency.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 684	1. Resident #71 was provided with TED Hose on 3/9/23. A one-to-one review of expectations and Standards of Conduct related to following physician orders was reviewed with LPN #1. 2. Residents with an order for TED hose have the potential to be affected.	4/12/23	

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

TITLE

(X6) DATE

[Signature] *Frankwell, LNHA*

Administrator

3-29-23

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.

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F 684	<p>Continued From page 1</p> <p>Based on staff interviews, clinical record review, the facility's staff failed follow physician orders for one (1) of 35 residents in the survey sample, Resident #71.</p> <p>The findings include:</p> <p>Resident #71 was originally admitted to the facility 12/29/22 from the community. The current diagnoses included Atrial Fibrillation and Heart Disease.</p> <p>The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 01/05/23 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 14 out of a possible 15. This indicated Resident #71 cognitive abilities for daily decision making were intact.</p> <p>The care plan dated 1/10/23 reads, FOCUS: The resident has Congestive Heart Failure. GOAL: The resident will remain free from symptoms of other cardiac complications. INTERVENTION: Administer diuretics.</p> <p>A review of physician orders for February 2023 read: "Knee high Thrombo-Embolus Deterrent (TED). TED Hose to Bilateral Lower Extremities (BLE) apply in the morning and remove at bedtime. Active 2/24/2023 20:00/8:00 PM."</p> <p>On 03/07/23 at approximately 1:17 PM., during the initial tour, Resident lower extremities were red and edematous. Thrombo-Embolus Deterrent (TED) hose were not observed on the Resident's lower extremities. Resident #71 said that she may have to order her stockings online because the staff stated they did not have any.</p>	F 684	<p>3. A reconciliation of any residents with orders for TED hose was performed. Nursing team members were educated on following standards of care related to physician orders.</p> <p>4. Observational audits and record reviews to validate TED hose placement as ordered will be completed four times weekly for the first four weeks and then twice a week for the next six weeks by the Director of Nursing or a designee. Variances will be addressed as needed. The QAPI committee will report and review results for analysis and feedback.</p>		

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F 684	<p>Continued From page 2</p> <p>An interview was conducted with Certified Nursing Assistant (CNA) #2 on 3/09/23 at approximately 12:50 PM., concerning Resident #71. She said that she was a floater on the floor for 3/9/23 (usually not assigned to Resident #71) but usually she would tell her supervisor if a resident's legs and feet are swollen and the supervisor would determine if the resident needed TED hose stockings.</p> <p>On 3/09/23 at approximately 12:55 PM., an interview was conducted with Licensed Practical Nurse (LPN) #1. She said that the resident wanted to order her own TED hose. She stated that the facility usually got an order from the provider, then measured the resident's extremities for the TED stockings once an order was obtained.</p> <p>03/09/23 1:30 PM Resident #71 said, "I am happy because I received my TED hose stockings this morning after all this time."</p> <p>TED hose may be prescribed to patients who are non-ambulatory, meaning they are not up and moving around on their own. For these patients, the risk of a blood clot developing in their legs is a main concern for health care providers, as clots can break free and travel through the bloodstream to the lungs and cause a pulmonary embolism. TED hose help reduce this risk by administering pressure on the lower part of the leg and feet - with the most compression occurring at the calf muscle. As patients lay in bed, blood is more likely to pool in the calf, creating the right environment for a clot to form. TED hose compression levels are measured in mmHg, or millimeters of mercury, just as we</p>	F 684		
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F 684	<p>Continued From page 3</p> <p>measure our blood pressure. TED hose compression levels are 20 mmHg or below. Patients may wear TED hose for up to three weeks, at which time they are mobile once again or have been prescribed a different treatment to reduce the risk of blood clots. https://hillcrestsouth.com/news/when-should-you-wear-ted-hose-or-compression-socks.</p> <p>An interview was conducted on 3/09/23 at approximately 3:30 PM., with the Assistant Director of Nursing (ADON) concerning TED hose stockings. She said that she would expect the CNA to report any swelling issues of the lower extremities or skin issues, but there was a physician's order in February that had not been implemented for TED hose to be applied to both of the resident's legs.</p> <p>On 03/09/2023 at approximately 5:00 PM., the above findings were shared with the Administrator, Director of Nursing (DON) and Corporate Consultant. The DON stated the resident should have had the TED hose per the physician's order.</p>	F 684		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/09/2023
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER-CANTERBURY ON CHESAPEAKE BA	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHORE DRIVE VIRGINIA BEACH, VA 23451
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 03/07/23 through 03/09/23. The facility not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two (2) complaints were investigated during the survey.</p> <p>The census in this 108 certified bed facility was 103 at the time of the survey. The survey sample consisted of 35 residents.</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: 12VAC 5-371-200 (A) (B) (D) - Cross reference to F-684.</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 35 residents (Resident #15) in the survey sample who was unable to independently carry out activities of daily living (ADL's).</p> <p>The findings included:</p>	F 001	<p>See POC for F684.</p> <ol style="list-style-type: none"> 1. Resident #15 was provided a shower on 3/9/23. 2. All residents have the potential to be affected. 3. Point of Care (POC) shower tasks were evaluated and revised as needed based on resident preference. Licensed Nurses and CNAs were educated on the provision of tub or shower baths no less than twice weekly, shower 	4/12/23

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

TITLE

(X6) DATE

[Signature]
STATE FORM

Administrator

3-29-23

State of Virginia

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F 001	<p>Continued From page 1</p> <p>Resident #15 was originally admitted to the nursing facility on 01/16/19. Diagnosis for Resident #15 included but are not limited to Chronic Obstructive Pulmonary Disease (COPD) and Cerebral Palsy. The most recent Minimum Data Set (MDS) was a significant change assessment with an Assessment Reference Date (ARD) of 12/05/22 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. The MDS coded Resident #15 total dependent of two with bathing, toilet use and transfer, extensive assistance of two with mobility, dressing and personal hygiene and supervision with eating for Activities of Daily Living (ADL) care. The MDS coded Resident #15 always incontinent of bowel and bladder.</p> <p>Resident #15's comprehensive care plan with a revision date of 06/02/21 identified Resident #15 has limited physical mobility related (r/t) decline from ongoing cerebral palsy and incontinent of bowel and bladder. The goal set by the staff is for the resident will safely perform to maximal ability self-care activities. One of the interventions/approaches the staff would use to accomplish this goal is to assist with ADLs and toileting as needed every shift. Resident #15 currently requires extensive assist for bed mobility, dressing, personal care and total assist for toileting and bathing.</p> <p>An interview was conducted with Resident #15 on 3/08/23 at approximately 10:50 a.m. Resident #15 stated the last time he had a shower was about 2 months ago. The resident stated he enjoy showers; they make him feel clean.</p> <p>A review of Resident #15's Plan of care (POC)</p>	F 001	<p>documentation and schedules, and escalation of refusals.</p> <p>4. Bathing documentation will be reviewed four times a week for the first four weeks and then two times a week for the next four weeks to ensure all residents are being offered showers at least twice a week by the Director of Nursing or designee. The Director of Nursing or designee will interview five residents weekly for eight weeks to validate that bathing was offered and completed. Variances will be addressed as needed. The QAPI committee will report and review results for analysis and feedback.</p>	
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State of Virginia

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F 001	<p>Continued From page 2</p> <p>report revealed showers were to be given every Monday, Thursday, and Saturday (shift not indicated.) Further review of the POC revealed the last shower was provided on 12/05/22.</p> <p>An interview was conducted with Certified Nursing Assistant (CNA) #1 and the Assistant Director of Nursing (ADON) on 03/09/23 at approximately 12:20 p.m. The CNA was assigned to provide a shower to Resident #15 on 02/18/23 and 02/27/23. CNA #1 stated Resident #15 received his shower this morning. She said this was the first time she had given Resident #15 a shower.</p> <p>A phone call was placed to CNA #3 on 03/09/23 at approximately 2:07 p.m. The CNA was assigned to give a shower to Resident #15 on 02/23/23, but was not able to leave a message. A phone recording stated, a message cannot be completed as dialed, please try your call again.</p> <p>A phone call was placed to CNA #4 on 03/09/23 at approximately 2:09 p.m. The CNA was assigned to give a shower to Resident #15 on 02/25/23, unable to leave a message due to voicemail box have not been set-up yet.</p> <p>On 03/09/23 at 5:00 p.m., the Administrator, Director of Nursing, ADON and Corporate were informed of the above findings. No further information was provided prior to exit.</p>	F 001		