

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

PRINTED: 07/30/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/06/2025
NAME OF PROVIDER OR SUPPLIER  BAYSIDE HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  1004 INDEPENDENCE BLVD VIRGINIA BEACH, VA 23455		
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated standard survey was conducted 3/04/25 through 3/06/25. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  One (1) complaint was investigated during the survey: VA00063488-Sub with a deficiency  The census in this 60 certified bed facility was 54 at the time of the survey. The survey sample consisted of Five (5) current and closed record reviews.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584		4/2/25

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

TITLE

(X6) DATE

Electronically Signed

03/21/2025

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 584	<p>Continued From page 1 and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident family member interview, and staff interviews the facility staff failed to maintain a clean, comfortable, homelike environment for 1 of 5 residents (Resident #5), in the survey sample.</p> <p>The findings included:</p> <p>Resident #5 was originally admitted to the facility 3/1/25 after an acute care hospital stay. The admission diagnoses included; cerebral infarction, type 2 diabetes mellitus with unspecified complications, unspecified congestive heart failure, and essential hypertension.</p> <p>The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/7/25 coded the resident as completing</p>	F 584	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F 584</p> <ol style="list-style-type: none"> <li>1. Resident #5 no longer resides in center, hole in wall has been repaired, Light fixture has been repaired.</li> <li>2. All residents have potential to be affected</li> <li>3. Administrator or designee will educate maintenance, housekeeping director on requirements to maintain a safe, clean,</li> </ol>	

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F 584	<p>Continued From page 2</p> <p>the Brief Interview for Mental Status (BIMS) and scoring 02 out of a possible 15. This indicated Resident #5's cognitive abilities for daily decision making were severely impaired.</p> <p>On 3/5/25 at 10:10 AM during an observation tour for room #30, it was observed that there was large深深 gauges in the drywall behind the (A) bed headboard and the room light fixture cover was cracked. It was also observed that the floor between the (A) bed and the (B) bed had a large area that was black and very dirty.</p> <p>On 3/5/25 at 1:55 PM an interview was conducted with Family Member #1. Family Member #1 stated that Resident #5 was admitted to the facility over the weekend and the wall behind the headboard of the bed needs repair and the light fixture cover has a crack in the lens. Family Member #1 also stated that there is a large area on the floor between the residents beds that is very dirty and disgusting. Family Member #1 further stated, "this floor has looked like this all day, and no one should have to live like this."</p> <p>On 3/5/25 at 2:15 PM an interview was conducted with the Housekeeping Director. The Housekeeping Director stated that the floor in room #30 is not acceptable. The Housekeeping Director also stated, "the housekeeper was probably going to come back and clean the floor however the facility only has (1) one housekeeper working today and she probably got busy doing something else."</p> <p>On 3/5/25 at 2:50 PM an interview was conducted with the Maintenance Director. The Maintenance Director stated, "the wall behind the headboard and the light fixture in room #30 should not look</p>	F 584	<p>comfortable home like environment for residents.</p> <p>4. Administrator, Housekeeping director, Maintenance director will conduct random audits 5 times a week to ensure environment meets standards. Any issues with these audits will be presented to QAPI committee. Once QAPI committee declares the problem no longer exists the review will continue on a random basis.</p> <p>5. Date of compliance 4/2/25</p>	

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F 584	Continued From page 3  like it does." He also stated, "I will fix these issues as soon as I can."  On 3/6/25 at approximately 4:22 p.m., a final interview was conducted with the Administrator, Director of Nursing, and Regional Director of Clinical Services. An opportunity was offered to the facility's staff to present additional information. They had no further comments and voiced no concerns regarding the above information.	F 584		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, clinical record review, and review of facility documents, the facility's staff failed to administer significant medications on admission for 1 of 5 residents (Resident #3), a closed record resident, in the survey sample.  The findings included:  Resident #3 was originally admitted to the facility 12/31/24 after an acute care hospital stay. The resident has never been discharged from the facility. The current diagnoses included; Malignant Neoplasm of Brain Unspecified and Convulsion Disorder.  The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 1/06/25 coded the resident as completing the Brief Interview for Mental Status	F 760	F 760  1. Resident # 3 no longer resides in center 2. All residents have potential to be affected 3. Staff development coordinator or designee will educate Clinical staff on Significant medication administration upon admission or per MD order. 4. DON, UM or designee will complete random audits 5 times per week related to administration of medications upon admission or per MD order. Any issues with these audits will be presented to QAPI committee. Once QAPI committee declares the problem no longer exists the review will continue on a random basis. 5 Date of compliance 4/2/25	4/2/25

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F 760	<p>Continued From page 4 (BIMS) and scoring 2 out of a possible 15. This indicated Resident #3 cognitive abilities for daily decision making were severely impaired.</p> <p>In section "GG" (Functional Abilities Goals) the resident was coded as requiring supervision with touch assistance with eating, Dependent with toileting hygiene, shower/bathe self, lower body dressing and personal hygiene.</p> <p>The Care Plan dated 1/01/25 read that the resident is at risk for complications related to Convulsive Disorder. The Goal is the resident will not have an adverse consequence due to their convulsive disorder. The interventions for Resident #3 Administer medication as ordered and notify MD as indicated.</p> <p>The Physician's Order Summary (POS) for December 2024 read:</p> <p>Kepra (levetiracetam) Oral Tablet 500 MG. Give 1 tablet by mouth every 12 hours for Progressive weakness. Order date: 12/31/2024.</p> <p>Dexamethasone Oral Tablet 4 MG. Give 1 tablet by mouth three times a day for Thrombocytopenia. Order date: 12/31/2024.</p> <p>The Medication Administration Record (MAR) for December 2024 read:</p> <p>Kepra oral Tablet 500 MG. Give 1 tablet by mouth every 12 hours (9:00 am and 9:00 pm) for Progressive weakness. Order date: 12/31/2024 at 5:28 PM.</p> <p>A review of the above MAR, for Resident #3 was coded as (5) meaning 5=Hold/See Nursing</p>	F 760		

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F 760	<p>Continued From page 5</p> <p>Progress Notes dated 12/31/24 at 8:52 p.m. A review of the admissions, progress and order note does not reveal the meaning of why the resident's Keppra or Dexamethasone was placed on hold.</p> <p>According to the Admissions note, Resident #3 arrived at the facility via stretcher on 12/31/24 at 5:06 PM.</p> <p>An interview was conducted on 3/05/25 at approximately 2:20 PM., with Licensed Practical Nurse (LPN) #1. LPN #1 said that the on-call physician was called on 12/31/24 to put the Keppra on hold because the medication wasn't available in the Omnicell (Medication Dispensing System). LPN #1 also said, "If medications aren't in the Omnicell, a STAT order usually takes 4-6 hours. Typically medications are pulled from Omnicell or called in STAT which usually takes 4-6 hours if not in Omnicell. I would have called pharmacy." LPN #1 stated the resident was administered the Keppra the following day on 1/1/25.</p> <p>Keppra (levetiracetam) is used alone or together with other medicines to help control certain types of seizures (eg, partial-onset seizures, myoclonic seizures, or tonic-clonic seizures) in the treatment of epilepsy. This medicine cannot cure epilepsy and will only work to control seizures for as long as you continue to use it (<a href="https://www.mayoclinic.org/drugs-supplements/levetiracetam-oral-route/description/drg-20068010">https://www.mayoclinic.org/drugs-supplements/levetiracetam-oral-route/description/drg-20068010</a>).</p> <p>Dexamethsone is used to provide relief for inflamed areas of the body. It is used to treat a number of different conditions, such as inflammation (swelling), severe allergies, adrenal</p>	F 760		

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F 760	<p>Continued From page 6</p> <p>problems, arthritis, asthma, blood or bone marrow problems, kidney problems, skin conditions, and flare-ups of multiple sclerosis (<a href="https://www.mayoclinic.org/drugs-supplements/dexamethasone-oral-route/description/drg-20075207">https://www.mayoclinic.org/drugs-supplements/dexamethasone-oral-route/description/drg-20075207</a>).</p> <p>On 03/06/25 at approximately 4:25 PM., the above findings were shared with the Administrator, Director of Nursing and Corporate Consultant. An opportunity was offered to the facility's staff to present additional information, but no additional information was provided.</p>	F 760		