STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

(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
F 000	INITIAL COMMENTS An unannounced Abbreviated standard (complaint) survey was conducted 3/18/2025 through 3/21/2025 and 3/24/2025 through 3/26/2025. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Five complaints were investigated during the survey: VA00063619-Substantiated with deficiency VA00063454-Substantiated with deficiency VA00063788-Substantiated without deficiency VA00063789-Substantiated with deficiency VA00063753-Substantiated with deficiency The census in this 196 certified bed facility was 139 at the time of the survey. The survey sample consisted of 17 resident reviews.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other	F 609		4/17/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/25/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 609	Continued From page 1 officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interviews and facility documentation, the facility staff failed to report allegations of physical abuse but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse for one (1) of 17 residents in the survey sample, Resident #114. The findings included: Resident #114 was admitted to the facility on 3/5/21. Diagnoses for Resident #114 included but are not limited to idiopathic neuropathy, compression fracture lumbar spine, HIV positive, opioid drug use (in remission), unspecified psychosis, major depressive disorder and glaucoma. Resident #114's BIMS (Brief Interview of Mental Status) score of 12 out of a 15 indicating moderate cognitive impairment. In addition, the Minimum Data Set coded Resident #114 requiring 1-person physical assistance for Activities of Daily Living care and resident is wheelchair dependent.	F 609	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 facilitys allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated. F609- Reporting of Alleged Violations 1. Resident #114 still resides in the facility. The allegation was reported to law enforcement, APS, and the State Survey Agency on 3/21/25. 2. Current residents in the center have the potential to be affected. An audit of all service concerns and facility incident reports from 3/21/2025 were reviewed by the administrator or designee to identify any allegations of abuse/neglect. No other unreported incidents were identified. 3. The regional director of clinical	

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F 609	Continued From page 2 On 3/25/25 12:50 p.m. an interview was conducted with Resident #114 who stated that on the night shift (7p.m -7 a.m.) of 3/20/25 he had an issue with a CNA who was working through an agency, "I told him two times that I didn't need help and I didn't want the brace off but he kept on and he took it off anyway, I cussed at him and called him a faggot and he got mad and cussed back at me and I called him a homosexual bitch and he said your momma is a bitch and then he put his hand on my neck and my shoulder and pushed me back on the bed so hard I fell over the other side of the bed." When asked if he was injured by falling, he stated that he was not. He said, "I yelled at him to get out and leave me alone when I did, he left." He stated that a female CNA came in and helped her back in the wheelchair. When asked how this made him feel he stated that it he felt helpless. He stated that the next day he cried in his bed and stated that he told the nurse on the dayshift (3/21/25) and called the police himself the evening of 3/21/25. On the afternoon of 3/25/25 an interview was conducted with LPN F who stated, "The CNA told me he was crying I went and asked him why and he told me what happened. I immediately went to the Administrator and reported it. By 5 pm no one had done anything that I could see. The resident then called the police himself at 6 pm. The next day I looked in the chart and realized no one had put in a note so I did a late entry." A review of the clinical record revealed the following note: "Note Text: Late entry dated 3-21-2025 at 10:30am; Floor nurse working 7-3 shift came to	F 609	services provided education to the Administrator and the director of nursing on the abuse policy and procedures with timely reporting of facility reported incident submitted with appropriate state agencies, accurate description of allegation, thorough investigation with retained documents to support findings. Staff development coordinator or designee educated all facility staff on the abuse policies and procedures regarding protecting resident and/or residents, reporting to Administrator or DON, and submitting Facility Reported Incident within 2 hours of allegation of abuse if other type of abuse and no serious bodily harm can report within 24 hours includes appropriate state agencies, and investigation process, importance and understanding of protecting the residents from any type of abuse. Any staff identified in an allegation of abuse will be suspended pending investigation immediately upon knowledge to protect the resident or other residents from potential abuse and/or emotional harm. 4. The Administrator or designee will audit weekly x 4 weeks then monthly x 2 months any facility incident reports to verify the abuse policy was followed, resident protected, if staff was involved, they will be suspended pending investigation immediately. The allegation of abuse reported within 2 hours, if other abuse and no serious bodily harm within 24 hours with appropriate state agencies. The investigation complete with copies of documents retained to support the findings. Results of the review will be	

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F 609	Continued From page 3 writer stating that resident [resident name redacted] was lying in bed crying. Floor nurse stated that resident stated to her that he had been abused the night before. This writer (UM) entered the resident room, [resident name redacted] was lying in bed crying. This writer (UM) asked resident was he ok, he stated no " I was assaulted last night", this writer (UM) stated tell me what happened, Resident stated that a male CNA brought him into his room and stated ok [resident name redacted] let me help you to bed, [resident name redacted] stated no I can do it myself. The mail CNA then stated, " No you can't, let me take off your brace and help you to bed because you can't go to bed wearing your that brace, [resident name redacted] then states that he stated again "no I can do it myself" I will get up later and take off my brace and go to bed. [resident name redacted] stated that the male CNA then said " Listen [resident name redacted] I don't have time for your mess tonight I'm about to go home and then took his brace off. This writer (UM) asked resident were you in the bed or in your wheelchair. Resident stated that he was sitting at that time on the bedside. Writer then asked resident to continue. Resident then states that he then cussed at male CNA calling him a faggot bitch, resident then stated that the male CNA cussed him back saying that his mother was bitch. Resident states that he and the male CNA went back and forth cussing at each other for a moment, Resident states that he then called the male CNA a homosexual bitch and that's when the male CNA got upset and put his hands on his neck and thru him back on the bed causing him to fall off the bed, resident then stated that the male CNA tried to then pick him up but resident stated that he put his weight down so that the male CNA could not pick him up, resident states	F 609	presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exist and sustained the review will be conducted on a random basis. 5. Date of compliance: 4/17/2025	

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F 609	Continued From page 4	F 609		

that he started saying help, get off me and leave me alone. Resident states that the male CNA left his room. I the writer (UM) asked the [resident name redacted] if he knew who the male CNA was, He stated no, this writer then asked [resident name redacted] if he could describe the male CNA, he stated yes. He states, "Tall light skinned with dreds and he is a homosexual." This writer then asked [resident name redacted] how did you get up from the floor. Resident states that a female CNA assisted him to his wheelchair. This writer informed the Administrator who is the abuse coordinator, the DON and the ADON."

"Nurse's note late entry dated 03/21/2025 in the evening law enforcement officers arrived (3/20/25) at the unit to speak with [resident name redacted] regarding his allegation. Law enforcement officers spoke with [resident name redacted] about the allegations that happen the night before."

"3/21/25 at 11:03 p.m. It was reported that [Resident #114] stated he was mishandled by a staff member while he was in his bedroom. He described the individual as a male CNA, approximately six feet in height, with mixed skin coloration and dread locks. According to [resident name redacted], the incident occurred as he was getting into his bedroom. This evening, law enforcement officers arrived at the unit to speak with [resident name redacted] regarding his allegation. Based on the description provided, the individual in question matched the appearance of a CNA staff member who was assigned to work on another unit. The staff member's details was [sic] provided to the police for further investigation."

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F 609	Continued From page 5	F 609		

Skin and pain assessments were done 3/21/25 with Resident #114 at baseline with no new complaints.

On 3/26/25 at 10:30 a.m. an interview was conducted with the Administrator who stated that sometime before noon on 3/21/25 the Unit Manager reported that [Resident #114's name redacted] stated that he had been assaulted the night before. There was no injury, and he sent the AIT (Administrator in Training) down to interview him. She stated that at that point she felt there was "nothing to report." She stated that around 6 p.m. on 3/21/25 she received a call from the facility that Resident #114 called to report the incident to the police. She stated that she then notified the State survey and certification agency, adult protection service and the ombudsman. When asked if she was aware that State as well as the facility's policy stated to "Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury..." the Administrator responded that she was aware.

In an undated type-written statement the Administrator in Training (AIT), indicated that there was no abuse reported to him when he interviewed Resident #114. He documented the resident did not feel unsafe and that there was routine care provided to him.

On 3/25/25 at 3:00 p.m. an interview was

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F 609	Continued From page 6 conducted with the CNA B who stated that on 3/21/25 the Administrator called him three times. He stated that he did not answer the first call, and he on the second call the Administrator asked him what happened on 3/20/25 with Resident #114. He stated that that he only had one interaction with Resident #114. He stated that the Resident was trying to use the bathroom in the shower room to avoid going down to his own room and CNA B stated that he told him he could not go in there because the floor was wet and it wasn't safe. He stated the third call the Administrator told him he was suspended for inappropriate touching a resident. He stated that later on the received a phone call from 2 Unit Managers who stated that inappropriate touching was not the allegation, and they told him what the allegations of the Resident were. On the afternoon of 3/26/25 a phone call was made by the Administrator to CNA B when she asked if CNA B could have possibly misunderstood her use of the phrase "Mishandling a Resident" the CNA stated that he did. He stated he was under the impression that he was accused of inappropriate touching until the 2 Unit Managers called him. The Administrator made it clear to the CNA that the allegation was of physical abuse; not sexual in nature, she also informed him that he was still on suspension until she had completed her investigation. On 3/26/25 at approximately 5:30 p.m. during the end of day meeting the Administrator was made aware of the concerns and no further information was provided.	F 609		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer	F 686		4/17/25

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F 686	Continued From page 7 CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on medical record reviews and staff interviews, the facility failed to ensure a resident received physician ordered treatment to promote healing and prevent infection for one (1) of 17 residents in the survey sample (Resident #101). The Findings included: Resident #101 was admitted to the facility on 9/19/2023 with a diagnosis of Paraplegia, Neuromuscular dysfunction of the bladder, Hydronephrosis, Anemia, and Malnutrition. Resident #101's Quarterly Minimum Data Set (MDS) dated 10/22/2024 coded the resident for bed mobility, transfer, and toilet use as being total dependence. The resident was coded as needing two-person physical assistance to perform these tasks. Resident #101's Brief Interview for Mental Status (BIMS) score total is 15 out of 15, indicating no cognitive impairment. The MDS	F 686	F686- Treatment/Svcs to Prevent/Heal Pressure Ulcer 1. Resident #101 still resides in the facility. Resident #101 provider notified of missed treatments and treatments are now being performed per physician orders. 2. Current residents of the facility have the potential to be affected. The director of nursing or designee will audit current residents with pressure ulcers to verify treatments were provided per physician order with appropriate dressing applied per physician order. All findings will be corrected. 3. 3. The staff development coordinator or designee will educate the licensed nurses on the processes for pressure ulcer/injury prevention, provide treatments per physician orders with documentation, implement and follow care plan	

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	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

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F 686	Continued From page 8 coded the resident as being at risk for pressure ulcers, and the resident had two *Stage 3 pressure ulcers, one of which was present upon admission to the facility. The resident also had three *Stage 4 pressure ulcers, with all three of them present upon admission. One pressure ulcer was unstageable due to the coverage of slough or eschar (dead, necrotic tissue). The MDS did not code the resident to reject medications, treatments, or ADL assistance that was necessary to achieve the resident's goals for health and well-being. *Stage 3 pressure ulcers: Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. *Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling (https://www.cms.gov/files/document/pocket-guidepressure-ulcers-and-injuries-stages-and-definitions.pdf). Resident #101's Quarterly MDS dated 1/22/25 was unchanged in the same areas from the 10/22/24 MDS assessment. Resident #101's care plan, dated 10/8/2023 and revised 2/5/25, identified all existing pressure ulcers and a preventative plan for additional pressure ulcers. The care plan identified that the resident was at risk for worsening wounds and the development of additional wounds. The resident was not care planned to refuse wound care consistently. The interventions the staff would implement included, turning and	F 686	interventions to promote and prevent pressure ulcers. 4. The director of nursing or designee will conduct weekly audits x 4 weeks then monthly x 2 months to verify residents with pressure ulcer treatments were provided with appropriate dressing per physician order. Any findings will be corrected. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exist and sustained, the review will be conducted on a random basis. 5. Date of compliance: 4/17/2025	

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	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

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F 686	Continued From page 9	F 686		

repositioning using a draw sheet, educate the resident and family about pressure ulcer prevention, encourage compliance about pressure ulcer prevention, enhanced barrier precautions, heels up in bed, keep skin clean and dry, wound physician as indicated, referral to Registered Dietician, pressure relieving mattress (resident indicated air mattress was uncomfortable).

An interview was conducted on 3/19/2025 at 1:25 PM with Resident #101. Resident #101 expressed that the facility's staff was not caring for his wounds and presently not following the physician's orders. The resident stated there was a meeting with the facility's Administrator and Director of Nursing (DON) regarding this matter. Resident #101 said the facility's nurses would occasionally start arguing to avoid changing his wound dressings. The resident stated he was recently treated by the facility for a wound infection in February 2025. The resident stated he preferred two nurses during his dressing change due to the multiple wounds and locations. He said the nurses often refused to get assistance, and then they would document that he refused treatment. Resident #101 stated, "A few days ago, the nursing staff did not change any of my dressings for two days. It happened this past weekend (3/15-16/25) because the agency nurse could not find any materials on the treatment cart. The nurse used the wrong dressing (4 inch by 4 inch gauze pad) for the sacral wound instead of an ABD pad (5 inch by 9 inch high absorbent pad for wounds with drainage) on his buttock, which caused a skin tear."

A review of Resident #101's medical records revealed the following physician's orders:

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F 686	Continued From page 10	F 686		

Contact Precautions for *Stenotrophomonas maltophilia, *Candida 1, *Methicillin-resistant Staphylococcus aureus (MRSA), and Candida auris in wounds (Order start date 12/13/2024 at 3:00 PM).
*Stenotrophomonas maltophilia is an intrinsically multidrug-resistant bacteria that usually infects patients with weak immunity (https://www.ncbi.nlm.nih.gov/books/NBK572123/).
*C. auris is an emerging fungus that can cause severe, often multidrug-resistant, infections. It spreads easily among patients in healthcare facilities (https://www.cdc.gov/candida-auris/index.html).
*MRSA infection is caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections (https://www.mayoclinic.org/diseases-conditions/mrsa/symptoms-causes/syc-20375336).

-Left Bottom Plantar: Cleanse the area with Vashe wound cleanser, pat dry, and *Santyl Collagenase Ointment, secure with ABD pad, and wrap Kerlix Kling everyday shift for Pressure Ulcer (Order start date 8/30/2024 / Order discontinued on 01/21/2025).
* Vashe wound cleanser can be used for cleansing, irrigating, moistening, and debriding (loosening and removing dead tissue) acute and chronic wounds, such as diabetic ulcers, pressure ulcers (https://store.mayoclinic.com/vashe-wound-cleanser-solution.html).
* Collagenase SANTYL Ointment is used to remove damaged tissue from chronic skin ulcers and severely burned areas (https://santyl.com/).
Resident #101's Treatment Administration Record indicated no treatment was provided to the

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	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

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F 686	Continued From page 11	F 686		

resident on the following dates:
January 5, 2025
January 6, 2025
January 8, 2025
January 14, 2025
January 20, 2025

-Left Bottom Plantar (Foot): Cleanse the area with *Dakin's Solution quarter strength, pat dry, and pack wound with *Hydrogel-Soaked Gauze, secure with ABD pads, and wrap with Kerlix Kling everyday shift for pressure (Order start date 1/21/2025).
* Dakin solution is a strong topical antiseptic widely used to clean infected wounds, ulcers, and burns (https://www.ncbi.nlm.nih.gov=Indications-,Dakin%20solution).
* Hydrogel-impregnated gauze dressings, like DermaGauze, are used to create a moist wound environment, promote healing, and aid in debridement, making them suitable for various wounds, including partial and full-thickness ulcers, skin tears, and wounds with slough or eschar (https://www.woundsource.com/product-category/dressings/hydrogels-impregnated).
Resident #101's Treatment Administration Record indicated no treatment was provided to the resident on the following dates:
January 26, 2025
January 31, 2025
February 8, 2025
March 3, 2025
March 5, 2025
March 12, 2025
March 13, 2025

-Left Lateral Plantar (Side of foot): Cleanse the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

(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
F 686	Continued From page 12	F 686		

area with Dakin's Solution quarter strength, pat dry, and pack wound with Hydrogel-Soaked Gauze, secure with ABD pads, and wrap with Kerlix Kling everyday shift for pressure ulcer (Order start date 1/23/2025).
Resident #101's Treatment Administration Record indicated no treatment was provided to the resident on the following dates:
January 26, 2025
January 31, 2025
February 8, 2025
March 3, 2025
March 5, 2025
March 12, 2025
March 14, 2025

-Right Anterior Thigh: Cleanse the area with NS/WC, pat dry, apply *Curad Emulsion dressing, and cover with a *border dressing every day shift for wound care (Order start date 11/25/2024/Order discontinued on 01/21/2025).
* Sterile dressing made of knitted, high-porosity cellulose acetate is impregnated with U.S.P. white petrolatum in an emulsion blend that permits the flow of exudates without adhering to granulating tissue (https://www.medline.com/product/CURAD-Nonadherent-Sterile-Oil-Emulsion-Dressings).
*Mepilex® Border dressing is a self-adherent, soft silicone foam dressing that minimizes trauma to the wound and pain to the patient during dressing changes (https://www.woundsource.com/product/mepilex-border).
Resident #101's Treatment Administration Record indicated no treatment was provided to the resident on the following dates:
January 5, 2025
January 6, 2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

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F 686	Continued From page 13 January 8, 2025 January 14, 2025 January 20, 2025 -Right Anterior Thigh: Cleanse the area with soap and water, pat dry, and cover it with a border dressing every day and shift it every other day for skin integrity (Order start date 01/22/2025). Resident #101's Treatment Administration Record indicated no treatment was provided to the resident on the following dates: January 26, 2025 March 3, 2025 March 5, 2025 -Sacrum & Right Buttocks; Cleanse the area with Vashe wound cleanser, pat dry, apply pre-moistened Hydrofera Blue, and cover with *Silicone Bordered Foam everyday Shift for Wound (Order start date 09/05/2024). *Hydrofera Blue polyurethane foam dressings provide broad-spectrum antibacterial protection against micro-organisms commonly found in wound (https://www.medline.com/product/Hydrofera-Blue-Ready-Antibacterial-Foam-Wound-Dressings/Z05-PF275082). * Bordered Silicone Foam Dressing offers gentle adhesion and high absorbency, ideal for protecting and managing moderate to heavy exudate wounds (https://sns-medical.com/products/silicone-foam-with-border). Resident #101's Treatment Administration Record indicated no treatment was provided to the resident on the following dates: January 5, 2025 January 6, 2025 January 8, 2025	F 686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 686	Continued From page 14	F 686		

January 14, 2025
January 20, 2025
January 26, 2025
January 31, 2025
February 8, 2025
March 3, 2025
March 5, 2025
March 12, 2025
March 14, 2025

-Left Heel: Cleanse the area with Vashe wound cleanser, pat dry, and *Silver Alginate Max Absorb, secure with ABD pads, and wrap with Kerlix Kling every Day Shift for Pressure Ulcer (Order start date 08/31/2024).
*Silver Alginate Max Absorb is significant to the treatment of acute and chronic wounds that are infected or at risk of becoming infected (https://pmc.ncbi.nlm.nih.gov/articles/PMC4486446/).
Resident #101's Treatment Administration Record indicated no treatment was provided to the resident on the following dates:
January 5, 2025
January 6, 2025
January 8, 2025
January 14, 2025
January 20, 2025
January 26, 2025
January 31, 2025
February 8, 2025
March 3, 2025
March 5, 2025
March 12, 2025
March 14, 2025

-Right Heel: Cleanse the area with Vashe wound cleanser, pat dry, and Silver Alginate Max Absorb, secure with ABD pads, and wrap with Kerlix Kling

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 686	Continued From page 15 every Day Shift for Pressure Ulcer. (Order start date 08/31/2024) Resident #101's Treatment Administration Record indicated no treatment was provided to the resident on the following dates: January 5, 2025 January 6, 2025 January 8, 2025 January 14, 2025 January 20, 2025 January 26, 2025 January 31, 2025 February 8, 2025 March 3, 2025 March 5, 2025 March 12, 2025 March 14, 2025 Resident #101's progress note dated 01/21/2025 at 5:33 PM documented the following: "Staff nurse went to provide a skin assessment on the resident while performing wound care. The wounds noted to bilateral feet have increased purulent drainage that is green in color with a foul odor noted. The resident's tendon was exposed in both places. Antar wounds on the L foot. MD made aware of changes in condition. Wound culture ordered to the R heel and wound care orders has been updated per MD to address the change in condition." Resident #101's progress note dated 01/22/2025 at 11:20 AM documented the following: "MD spoke to resident about going to the hospital because of infection in wounds. Resident refused to go to the hospital. MD ordered a Peripherally Inserted Central Catheter (PICC) to be inserted for antibiotics. Resident is on contact precautions."	F 686		

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	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

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F 686	Continued From page 16	F 686		

Resident #101's Right heel Lab Result Report dated 01/22/2025 received by the facility at 3:50 PM documented the following results:
Site: Right Heel
Results: Moderate growth mixed gram-positive flora, Suggestive of skin flora, Heavy growth mixed gram-negative rod Morphologies present, and No predominant microorganism present.

Resident #101's medical note dated 1/22/2025 at 9:31 PM documented that the facility's physician discussed the need for a higher level of care. The physician expressed to Resident #101 that his wounds in the foot were getting worse and recommended that the resident be transported to the hospital. The facility's physician stated to the resident that if the foot wound worsened, it might need amputation. Resident refused transport to hospital and preferred to be treated in the nursing home.

Resident #101's progress note dated 1/23/2025 at 11:21 PM documented that the facility staff assessed the resident with a temperature of 101.5. The staff contacted the physician again and received orders to transport him to the hospital.

Resident #101's medical note dated 1/23/2025 at 12:39 PM documented, "Patient seen in his room, alert, awake, no distress. The patient refused to go to the hospital for PICC line placement this morning. Wound culture positive for gram-positive cocci and gram-negative rods."

On 1/24/2025 at 10:00 AM, the progress notes indicated that Resident #101 was transported to the local hospital, where the PICC line was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

(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
F 686	Continued From page 17	F 686		

inserted and returned to receive antibiotics in the nursing facility.

Resident #101's progress note dated 1/24/2025 at 4:51 PM documented the facility's social service director meeting with the physician to obtain a Medical Emergency Custody Order (ECO) for the resident because the resident needed to be seen for a higher level of care at a hospital for possible sepsis and worsening wounds.

An interview was conducted on 3/19/2025 at 4:10 PM with the Facility Administrator (Admin #1), Director of Nursing, and Regional Nurse. The Facility Administrator stated that Resident #101 has refused care numerous times and that the staff are doing all they can to care for the resident. She said Resident #101 has refused to have his dressings changed frequently and refused to be assessed by the facility's wound care agency. The surveyor expressed concerns regarding Resident #101's Treatment Administration Record (TAR), addressing the lack of undocumented days the resident went without wound care treatment. No additional information was provided to the surveyor regarding Resident #101's missed wound care treatments.

An interview was conducted on 3/19/2025 at 5:30 PM with the Facility's medical doctor (MD #1) regarding Resident #101. MD #1 expressed that caring for Resident #101 has been difficult because he consistently refuses care. MD stated that the resident's wounds presented with infection and drainage. The resident refused to be transported out to the hospital for higher-level care. MD said the facility attempted to get a court order to transport Resident #101, but it was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

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F 686	Continued From page 18 denied. The MD had no additional information to provide to the surveyor. The surveyor attempted to observe Resident #101's dressing changes and the current condition of the pressure ulcers during the survey, but the resident refused the request several times.	F 686		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record reviews and staff interviews the facility failed to ensure residents received adequate supervision for two (2) of 17 Residents (Resident's #102 and #103) in the survey sample. The findings Included: 1. Resident #102, the facility failed to maintain 1:1 supervision for a resident performing unwelcome sexual advances on a cognitive impaired residents. Resident #102 was admitted to the facility on 4/27/2022 with diagnosis of Dementia, Severe with other Behavioral Disturbance, Psychotic Disorder with delusions due to known	F 689	F689- Free of Accident Hazards/Supervision/Device 1. Resident #102 still resides in the facility. Resident #102 was placed on a 1:1 supervision on 3/5/2025. Resident #103 still resides in the building. Resident #103 had a psychosocial visit on 3/21/2025 noting no concerns. 2. An audit by the director of nursing or designee will be conducted to identify residents that show signs of inappropriate sexual behaviors to be monitored when out of room and redirected when necessary. Residents identified as high risk by interdisciplinary team to include the physician will be placed on 1:1 supervision with the care plan updated and MD/RP	4/17/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

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F 689	Continued From page 19 physiological condition, Depressive Disorder, Hypertensive Heart, and chronic kidney disease. Resident #102 Minimum Data Set (MDS) dated 01/18/2025 coded the resident as having short and long term memory problems. Resident was coded for being short tempered, easily annoyed 7 to 11 days during the MDS timeline for this assessment. Resident #102's progress notes dated 2/23/2025 at 11:00 PM documented the resident was found in a female resident's room with the door closed. Resident #102 was observed by facility staff with his hand inside the resident's gown and his head resting on her chest. Resident #102 was immediately removed from the room and place on 1:1 supervision. An interview was conducted on 3/19/2025 at 2:40 PM with the Facility's Director of Social Worker (SW #1). SW #1 stated the Resident #102 is a resident at the facility. Resident #102 is currently on 1:1 supervision for the safety of other residents. SW #1 stated has changed Resident #102's room prior to this incident. She said there were several other reports involving Resident #102 sexual inappropriateness and behaviors with other residents in the facility. SW #1 stated she has been working diligently to find another placement for Resident #102 preferably in a "lock" facility memory unit. Unfortunately, she said it has been difficult to find a placement for the resident due to resident's behaviors. SW #1 stated the facility will continue to keep Resident #102 on 1:1 supervision until his discharge. Resident #102 has been placed on 1:1 supervision or 15 minutes checks numerous times since admission for behaviors with other	F 689	notify. 3. The staff development coordinator or designee will educate all facility staff on the process and procedure for residents who are exhibiting inappropriate sexual behaviors to be monitored when out of the room and redirected when necessary. Residents identified as high risk by interdisciplinary team to include the physician will be placed on 1:1 supervision. 4. The unit managers or designee will conduct weekly audits x 4 weeks then monthly x 2 months to verify identified and/or newly identified residents who are exhibiting inappropriate sexual behaviors were redirected per plan of care. Any findings will be addressed. Once the QAPI committee determines that the issue has been resolved, reviews will be conducted on a random basis. The Administrator or Director of Nursing is responsible for implementing the plan of correction. 5. Date of compliance: 4/17/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

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F 689	Continued From page 20	F 689		

residents. Resident #102 has been assessed by the facility's mental health services on several occasions for inappropriate sexual behaviors and mood disorder.

SW #1 presented the surveyor with a timeline regarding Resident #102's incidents since last year 2024:

April 4, 2024
Resident #102 observed by staff and visitors getting sexual gratification from a resident in the doorway of his room.

July 28, 2024
Resident #102 grab another resident's arm

September 2, 2024
Resident #102 with his hand on female resident's leg, pulling up her gown.

December 21, 2024
Resident #102 had his hand on resident's breast and asked for a kiss.

January 10, 2025, at 4:52 PM
Resident #102 was observed with his hand on the female resident's chest. The female was removed from the room. The Resident was referred to psych and placed on 1:1 supervision.

February 23, 2025
Resident #102 observed by staff in a resident's room with his hand inside her gown and resting on her breast.

Resident #102 progress notes dated 12/19/2024 at 9:16 AM documented resident pouring urine into water pitcher and drinking from the pitcher.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

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F 689	Continued From page 21	F 689		

Resident continued throw water pitchers after staff removed the pitches of urine.

Resident #102 progress notes dated 12/21/20224 at 11:15 PM documented resident observed by staff in the hallway touching another female inappropriately. Resident immediately redirected and separated from the female.

Resident #102 progress noted dated 12/31/2024 at 12:00 AM documented resident attempted to drag/pull his roommate from his bed and making sexual comments. Per staff resident was reported on 12/30/2024 to be aggressive to staff.

Resident #102 progress noted dated 01/01/31/2025 at 4:12 PM documented resident continues to wander in and out of resident's room at all hours of the night, staff attempted redirection. Resident uttered racial slurs and became aggressive.

Resident #102 progress noted dated 01/01/2025 at 9:29 PM documented resident yelling and cussing and saying provocative words about female anatomy on a TV. Resident has no TV.

Resident #102 mental health noted dated 02/24/2025 at 5:31 PM documented resident significantly impaired, as he showed little awareness of his behavior and its consequences. He was unable to engage in rational discussion regarding the impact of his aggression on others. High risk for physical aggression towards staff and others.

An interview was conducted on 3/19/2025 at 4:10 PM with the Facility Administrator (Admin #1), Director of Nursing, and Regional Nurse. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

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F 689	Continued From page 22	F 689		

Facility Administrator stated the Resident #102 is currently on 1:1 supervision at this time. Admin #1 stated many of these incidents happened prior to her starting at the facility as the administrator. Admin #1 said the facility's staff were confused when many of these incidents happened, because they were unsure if Resident #102 was on 1:1 supervision at that time. Admin #1 stated Resident was either on 1:1 supervision or 15 minutes checks during the incidents.

Admin #1 stated the facility has provided Inservice Training to the facility's staff on 1:1 supervision procedure. In addition, Admin #1 stated the facility has changed their procedure that only their full-time staff may monitor residents placed on 1:1 supervision.

Admin #1 provided the surveyor with a copy of the facility's plan implemented on 2/24/2025 from the facility's Quality Assurance and Performance Improvement (QAPI) meeting.

A summary of the Facility's Plan:

-Problems:
Resident was placed on 15 minutes checks on 1/10/24. There was a breakdown in communication with nursing staff the weekend of 2/20/25 to 2/23/25 on whether Resident #102 was 15-minute checks or 1:1 supervisor.

-Immediate Response (by the Facility) -What was done at the time:
02/23/24 Resident #102 was place on 1:1

-What Measure were put in place to prevent reoccurrence:
The SDC (Staff Development Coordinator) will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

(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
F 689	Continued From page 23	F 689		

educate the nursing staff on what 1:1 supervision entail.

Administrator and DON (Director of Nursing) are aware if a resident is transferred to another unit and is on 1:1 supervision, the new unit will be notified of continued 1:1 care.

Admin #1 stated the facility recognized Resident #102 was a safe risk to other Residents and plan was established and implemented by the facility on 02/24/2025. Admin #1 said the facility has already corrected the deficiency, and the facility is in substantial compliance at the time of current survey.

Admin #1 could not provide the surveyor with a detail timeline to show verification that Resident #102 was not on 1:1 supervision during any the several documented incidents. A review of Resident #102's medical record revealed on the following two occasions the facility staff failed to maintain the resident's 1:1 supervision as documented in facility's plan dated 2/24/25:

-Resident #102's progress notes dated 3/09/2025 at 10:25 AM documented "The resident remains on 15 minutes checks.

-Resident #102's progress notes dated 3/09/2025 at 12:49 PM documented "while making 15-minute checks on the resident, this nurse found the resident laying on the floor in his bedroom close to the bathroom door".

No additional information was provided to the surveyor regarding this matter.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

(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
F 689	Continued From page 24	F 689		

2. For Resident #103, the facility failed to provide adequate supervision to ensure resident was free from sexual inappropriate actions for another resident (R#102) while resting in her room.

Resident # 103 was admitted to the facility on 2/22/2021 with diagnosis of Dementia, unspecified Severity, without Behavioral disturbance, Mood disturbance, Anxiety, Muscle Weakness, Difficulty in Walking, Traumatic Brain Injury, and Syncope and Collapse (Fainting).

Resident #103 Minimum Data Set (MDS) dated 01/29/2025 coded the resident with short and long term memory problems. Resident was coded for making decisions regarding tasks of daily life as being severely impaired.

Resident #103's progress Notes date 2/23/2025 at 11:57 PM late entry documented. "Upon entering Resident #103's room, the writer and housekeeper observed a male resident with his hand inside her gown and his head resting on her chest. The male was immediately removed from the room to ensure Resident #103's safety. Skin and pain assessment was conducted, and no injuries were noted. The MD and the resident's RP were notified of the incident. Appropriate measure has been taken to protect the resident, and furthered monitoring will continue to ensure resident well-being."

The synopsis of the event dated 2/28/2025 documented the following summary of events: "On February 25, 2025, at about 10:00, housekeeper did not observe a male resident in his room and went to inform the nurse. They both went searching for the male resident and noted Resident #103's door closed to her room. They

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495115	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HEIGHTS REHABILITATION AND NURSING CENTER	831 ELLERSLIE AVE CHESTERFIELD, VA 23834

(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
F 689	Continued From page 25	F 689		

both witnessed the male resident with his hands inside Resident #103's nightgown on her chest region and immediately intervene and separated him from Resident #103. Facility's staff interviewed during the investigation state the male resident was noted entering other residents' rooms. The male resident (R#102) was placed on 1:1 for supervision by the facility."

An interview was conducted on 3/19/2025 at 2:40 PM with the Facility's Director of Social Worker (SW #1). SW #1 stated the male resident involved in this incident remains at the facility and he's currently on 1:1 precaution for residents' safety. The male resident's room had since been changed since the incident. She said there had been several reports of sexual inappropriateness and behaviors by this male resident (R#102), with other residents in the facility. SW #1 stated she has been working diligently to find placement for the resident in a "lock" facility. The SW #1 said, "Unfortunately, it has been difficult to find a placement for this resident due to his sexual behaviors so will continue to keep him on 1:1 precaution until his discharge."

An interview was conducted on 3/19/2025 at 4:10 PM with the Facility Administrator (Admin #1), Director of Nursing, and Regional Nurse. The Facility Administrator stated the male resident is currently on 1:1 precaution at this time. Admin #1 stated several of these incidents happened prior to her starting at the facility as the administrator. Admin #1 said on several occasions facility's staff were confused regarding the male resident actual precaution when the incident occurred 1:1 or 15 minutes checks. She could not provide the surveyor with a detail timeline to show when the male resident's 1:1 precaution started or ended

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F 689	Continued From page 26 during the documented incidents. Admin #1 stated the facility has provided Inservice Training to the staff on 1:1 supervision procedure. In addition, Admin #1 stated the facility has changed their procedure that only their full-time staff can monitor residents in need of 1:1 supervision. No additional information was provided to the surveyor regarding this matter before survey exit.	F 689		