

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>495115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>06/17/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Colonial Heights Rehabilitation and Nursing Center                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>831 Ellerslie Ave<br>Colonial Heights, VA 23834 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                                 |
| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                 |
| F 0600<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, clinical record review and facility document review, the facility staff failed to ensure the resident's right to be free from abuse for 2 residents (R111 and R 110) in a survey sample of 18 residents. For R111 the facility staff failed to protect R111 from physical assault by R 118.</p> <p>Resident 111 was admitted to the facility on [DATE] with diagnoses that included but were not limited to acute respiratory failure, anxiety disorder, anemia, underweight, poisoning by unspecified medications and biological substance, hypotension (low blood pressure), psychoactive substance dependence with psychoactive substance induced persisting dementia, seizures, anoxic brain damage, cognitive communication deficit. R111's most recent MDS (Minimum Data Set) with an ARD (Assessment Reference Date ) of 6/5/26 coded R111 as having a BIMS (Brief Interview of Mental Status) score of zero out of a possible 15, indicating severe cognitive impairment. R111 was also coded as requiring maximum assistance of 1-person physical assistance with all activities of daily living.</p> <p>A review of the clinical record revealed the following note:</p> <p>6/4/26 2:15 pm -Spoke with [R111's emergency contact name redacted] via telephone. Informed her that resident entered another residents' room and that resident subsequently hit her in the chest. No pain, bruising, or bleeding at this time. [emergency contact name redacted] states she's very familiar with [R111's name redacted] wandering, and that she was here with [R111 name redacted] in the dining room recently and [R111 name redacted] physically attacked her after attempting redirecting her from touching other residents' food in the dining room. [Emergency contact name redacted] also states that she'll be returning to Atlanta this weekend so she'll be in to see [R111 name redacted].</p> <p>A review of the incident file revealed that the incident was witnessed by employees; LPN 2 (Licensed Practical Nurse) and OE 1 (Other Employee) both employees provided statements that describe R111 walking up to R118 and reaching to take some crackers from him and in return R118 punched R111 in the chest.</p> <p>On 8/4/26 an interview with the Administrator was conducted and she stated that she reported to all parties, the nurse notified provider and emergency contacts. She further stated that the facility staff separated the two residents, assessed R111 for injuries (none were found) and notified the provider, the emergency contact for the resident, and began the incident report. According to documentation (continued on next page)</p> |                                                                                              |                                                 |

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.

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

TITLE

(X6) DATE

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| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>provided by the facility, Adult protective services, the OLC (Office of Licensure and Certification) and the ombudsman were all informed of the incident. The initial incident was reported to the OLC on 6/4/26 and the follow up was sent on 6/10/24. The Administrator stated the care plan was updated and R111 was immediately put on 1:1 and has continued to be on 1:1 supervision.</p> <p>A review of the policy Abuse/Neglect/Misappropriation/Crime &amp;ndash; Patient Protection, dated 10/17/23, revealed, in part, that the facility maintains zero tolerance for mistreatment, abuse, neglect, misappropriation of property, or crimes against a patient. The policy further stated that all employees are responsible for immediately reporting allegations to the Administrator, or in the Administrator's absence, the Director of Nursing (DON) or immediate supervisor, no later than two hours if the allegation involves abuse or bodily injury, or no later than 24 hours if the allegation does not involve abuse or bodily injury.</p> <p>On 08/05/26 at 1:26 p.m., the Director of Nursing (DON) was interviewed. The DON stated that abuse may be physical, verbal, or mental and is not tolerated in the facility. The DON stated that any witnessed abuse should be reported immediately and that facility staff are responsible for protecting residents and preventing all forms of abuse.</p> <p>On 8/6/26 during the end of day meeting the Administrator was made aware of the concerns and no further information was provided.</p> <p>2. Resident #110 was originally admitted to the facility on [DATE] following an acute care hospital stay. Current diagnoses included, but were not limited to, dementia, Alzheimer's disease, and chronic kidney disease.</p> <p>Resident #110's most recent Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 06/16/26, was coded as a Quarterly Assessment. The Brief Interview for Mental Status (BIMS) was coded as 3 out of 15, indicating moderate to severe cognitive impairment.</p> <p>A review of the facility's Synopsis of Events, dated 06/18/26, revealed that on 06/12/26, facility staff reported that Resident #109 struck Resident #110. The residents were immediately separated and redirected. Upon receiving this information, the facility initiated an internal investigation.</p> <p>A review of the facility's investigation report revealed the following:</p> <p>Resident #109 and Resident #110 were observed arguing in the hallway. While staff intervened and attempted to separate the residents, Resident #109 punched Resident #110.</p> <p>The residents were immediately separated and redirected.</p> <p>A head-to-toe skin assessment and pain assessment were completed for Resident #110, and no injuries were identified.</p> <p>Social Services interviewed Resident #109 following the incident; Resident #109 denied the observed altercation with Resident #110.<br/>(continued on next page)</p> |                                                                                              |                                                 |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>The investigation concluded that the incident was substantiated. Both residents were separated and redirected. Social Services would continue to monitor both residents for behavioral concerns and psychosocial needs. Care plans were reviewed and updated, and the physician and resident representative were notified. Further investigation indicated that no additional interactions between the two residents had occurred following the incident.</p> <p>A review of the facility policy titled Abuse/Neglect/Misappropriation/Crime &amp; Patient Protection, dated 10/17/23, revealed, in part, that the facility maintains zero tolerance for mistreatment, abuse, neglect, misappropriation of property, or crimes against a patient. The policy further stated that all employees are responsible for immediately reporting allegations to the Administrator, or in the Administrator's absence, the Director of Nursing (DON) or immediate supervisor, no later than two hours if the allegation involves abuse or bodily injury, or no later than 24 hours if the allegation does not involve abuse or bodily injury.</p> <p>On 08/05/26 at 1:26 p.m., the Director of Nursing (DON) was interviewed. The DON stated that abuse may be physical, verbal, or mental and is not tolerated in the facility. The DON stated that any witnessed abuse should be reported immediately and that facility staff are responsible for protecting residents and preventing all forms of abuse.</p> <p>On 08/06/26 at approximately 2:00 p.m., the Administrator, Regional Director of Clinical Services (RDCS), and DON were informed of the survey findings and concerns.</p> <p>No additional information was provided prior to exit.</p> |                                                                                              |                                                 |