

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40026</p> <p>Based on interview, clinical record review and facility documentation the facility staff failed to ensure Residents were transported to outside medical appointments, for two (2) Residents (#s 378 and 381) in a survey sample of 74 Residents.</p> <p>The findings included:</p> <p>1. For Resident #378 the facility staff failed to ensure transportation to outside medical appointments causing the Resident to miss three (3) appointments.</p> <p>On 12/11/24 a review of the clinical record revealed that Resident #378 was admitted to the facility on [DATE] with diagnoses that included but were not limited to encephalopathy, type 2 diabetes, UTI (urinary tract infection), surgical amputation of left lower leg, peripheral vascular disease, dysphagia, acquired absence of right lower leg, g-tube dependance due to malnutrition, depression, hypertension, urinary retention, benign prostatic hyperplasia with lower urinary tract symptoms and obstructive sleep apnea</p> <p>Resident #378's discharge instructions included follow up with the surgeon on 3/5/24. A review of the clinical record revealed that the transportation was not there on 3/5/24 and the appointment was rescheduled to 3/13/24 at 2 p.m. again the record reflects the appointment was rescheduled to 3/27/24 due to transportation issues. According to the progress notes Resident #378 did not attend that appointment because on 3/23/24 he left the facility to go to the emergency room and was subsequently admitted to the hospital.</p> <p>Excerpts from the progress notes are as follows:</p> <p>Effective Date: 03/06/2024 11:43 Type: Appointment Note Note Text : Rescheduled to March 13, 2024 @ 2:00p (WHEELCHAIR p/u 1:00pm) Orthotic & Prosthetic [Name address and number of office redacted]</p> <p>Effective Date: 03/19/2024 4:30 Type: Appointment Note Text Rescheduled to March 27,2024 @ 10:00am (STRETCHER p/u 9:00am) Orthotic & Prosthetic service [Name address and number of office redacted]</p> <p>3/23/2024 11:31 p.m. -Note Text: admitted to [Hospital name redacted] for encephalopathy and UTI.</p> <p>(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/11/24 at approximately 12:00 p.m. an interview was conducted with LPN #4 who stated that the appointments and transportation used to be scheduled by the Unit Managers, when asked what the procedure was if transportation did not arrive, she stated that they were to call the doctor and reschedule and call transportation and reschedule. When asked if this happened more than once for the same appointment what was the procedure, she stated we just call and reschedule again.</p> <p>On the morning of 12/17/24 an interview was conducted with the DON who stated that unit managers used to schedule the appointments and transportation but now it is done by Social Worker. She stated that the staff do their best to ensure that Residents have transportation to outside appointments.</p> <p>On 12/19/24 during the end of day meeting the Administrator was made aware of the concerns and no further information was provided.</p> <p>2. For Resident #381 the facility staff failed to ensure transportation to outside appointment with Cardiology resulting in at least 4 missed appointments.</p> <p>On 12/16/24 a review of the clinical record revealed that Resident #381 was admitted to the facility on [DATE] with diagnoses that included but were not limited to unspecified dementia, hypertension, dysphagia, anxiety, major depressive disorder, atherosclerotic heart disease, difficulty walking, and cognitive communication deficit.</p> <p>The following are excerpts from the progress notes regarding scheduling of transportation for outside cardiology appointments.</p> <p>12/22/21 2:53 p.m. - Note Text: This resident was scheduled to have a cardiology appointment today with Pickup time at 0833. Per medical records personnel, she stated that she would cancel the appointment due to transportation issues. This Nurse reported this information to Unit Manager. No further issues noted at this time, will continue to monitor.</p> <p>2/3/22 11.34 a.m. - Note Text: [Resident name redacted] was unable to attend her appointment on today. [family member name redacted] son and [family member name redacted], daughter, emailed and stated they would not be able to attend her appointment. [Resident name redacted] appointment is March 17 at 11:30am.</p> <p>4/12/22 10:34 - Note Text: [NAME] spoke with residents daughter, [NAME] regarding resident pacemaker appointment 4.28.22 at 10:00am. Resident's daughter will accompany resident to her appointment.</p> <p>DSS also followed up with [Ombudsman name and phone number redacted] regarding who will accompany resident to her appointment.</p> <p>4/15/2022 12:52 - Note Text: DSS called to confirm transportation on 4/28/22 and called resident's daughter to confirm she will attend the appointment via transportation with resident. Transportation schedule is uploaded in resident's e-chart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4/28/22 1:14 p.m. - Note Text: On 4.19.22 and 4.27.22, DSS called to confirm residents doctor appointment for 5/28/22.DSS also called resident's daughter to confirm she would ride in the transportation vehicle with her mother. Transportation company and resident's daughter both confirmed. On 4/28/22 at approximately 8:15am, the day of the doctor visit, resident's daughter arrived at the facility to ride along with her mother. Pick up time was 8:55am, check in time was 9:45am and appointment time was 10:00am. At approximately 9:25am, resident's daughter called DSS from the facility to ask the ETA for transportation ' s called transportation [phone number redacted], reference number [redacted]. Transportation informed DSS the vehicle would be late, and transportation would call the doctor's office [phone number and physician name redacted] Cardiology to request a later appointment time. Due to resident no show, the doctor's office cancelled resident's appointment.</p> <p>On the morning of 12/17/24 an interview was conducted with the DON who stated that unit managers were scheduling the appointments and transportation but now it is done by the social worker. She stated that the staff do their best to ensure that Residents have transportation to outside appointments.</p> <p>On 12/19/24 during the end of day meeting the Administrator was made aware of the findings and no further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>40026</p> <p>Based on interview, observation, and facility documentation the facility staff failed to promptly act upon the grievances and recommendations of regularly attending Resident council members.</p> <p>The findings included:</p> <p>The facility staff failed to promptly address the concerns brought forth by the Resident council group members.</p> <p>On 12/11/24 at 3 p.m. a Resident Council meeting was held with the Resident Council President and 6 other members who regularly attended. During the meeting it was discussed that the facility fails to act, in a timely manner, on suggestions, or concerns brought forth by the Resident Council.</p> <p>On 12/12/24 a review of the Resident council minutes revealed that several issues were repeatedly brought up in Resident council.</p> <p>Excerpts from the Resident council minutes revealed the following:</p> <p>On 8/14/24, 9/26/24, and 10/24/24 - Resident council minutes reflected complaints of needing more linens, (towels, sheets), long turnaround time for getting laundry back from housekeeping, and personal items missing from laundry, as well as bathrooms needing to be cleaner (unclean bathrooms / shower rooms were also noted during survey).</p> <p>On 8/14/24 and 9/26/24 - Resident council minutes reflected complaints that there were no clocks in the hallway or the activity room (identified during the survey).</p> <p>On 10/24/24 and 11/25/24 - Resident council minutes reflect that Nursing staff make Residents feel as if they are In the way. Complaints of Unit 4 included staff not giving medications on night shift, and Nursing staff are on the cell phones. Resident council also claimed Nursing staff Talking about other Residents in common areas where others can hear them. Resident council also complained that Administration is not following up or following through on grievances.</p> <p>On 12/17/24 at approximately 2:00 p.m. an interview was conducted with Other Employee #4 who stated that there has been a Turn over in Activity Staff as well as the Social Worker so this slowed things down a bit.</p> <p>On 12/19/24 during the end of day meeting the Administrator was made aware of the concerns and no further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40711</p> <p>Based on a resident personal funds review, the resident interview, staff interview and facility document review, the facility staff failed to ensure that one (1) resident out of 74 residents in the survey sample, Resident #24, was afforded the right to receive quarterly statements.</p> <p>The findings included;</p> <p>Resident #24 was originally admitted to the facility 11/17/22 and readmitted [DATE] after an acute care hospital stay. The current diagnoses included Schizoaffective Disorder, Bipolar type.</p> <p>The annual Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 09/19/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 12 out of a possible 15. This indicated Resident #24 was moderately impaired for the cognitive abilities for daily decision making.</p> <p>The care plan dated 11/24/23 read that Resident #24 has impaired thought processes as evidenced by delusions secondary to schizoaffective/bipolar disorder. The goal for the resident was for the resident will be able to communicate basic needs on a daily basis through the review date 10/01/24. The Interventions: Present just one thought, idea, question or command at a time and monitor/document/report PRN any changes in cognitive function, specifically changes in: decision making ability, memory, recall and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, mental status.</p> <p>On 12/11/24 at approximately 1:23 PM., during the initial tour Resident #24 said that the facility was not given her money and that she was not receiving quarterly statements.</p> <p>On 12/18/24 at approximately 2:35 PM., an interview was conducted with the Business Office Manager (BOM) and with the Regional BOM. The BOM said that the resident's funds come to the facility to her resident funds account and to resident's guardian services. The BOM also mentioned that the facility is the Representative Payee (RP). The Regional BOM said that the resident must come to the business office to request funds. The Regional BOM also mentioned that Letters (quarterly statements) are mailed to the Guardian Services and the resident must come to us first to ask for the statement. We're still going to send the statements to her Guardian Services.</p> <p>On 12/19/24 at approximately 2:56 PM, a meeting was conducted with the BOM concerning the above issues. The BOM said that to her knowledge the Resident requested funds for first time on 12/18/24. The BOM also said that she will give the Resident a statement every month and a quarterly statement.</p> <p>On 12/19/24 at approximately 5:55 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>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34894</p> <p>Based on staff interview, clinical record review, the facility staff failed to ensure the physician was notified of pertinent information regarding two (2) residents (Resident # 327 and # 326) in a survey sample of 74 residents.</p> <p>Findings included:</p> <p>1. For Resident # 327, the facility staff failed to notify the Physician that medications were not available and not administered as ordered.</p> <p>Resident # 327 was a [AGE] year old admitted to the facility on [DATE], with diagnoses that included but were not limited to: Asthma, emphysema, Pulmonary Fibrosis, Seizure disorder, Chronic anxiety and depression, Hypothyroidism and Gastroesophageal reflux disease, history of Pulmonary Embolism, orthostatic hypotension and chronic hypoxic respiratory failure-on oxygen at 4 liters per minute via nasal cannula, Congestive Heart Failure. Cerebral Vascular Accident.</p> <p>The most recent MDS (Minimum Data Set) assessment was coded as an Admission assessment with an ARD (Assessment Reference Date) of [DATE]. The BIMS (brief interview for mental status) assessment was coded as 15 out of possible 15, indicating no cognitive impairment. The assessment also coded Resident # 327 as requiring assistance with activities of daily living; and frequently incontinent of bowel and always incontinent of bladder.</p> <p>The resident was readmitted to the facility on [DATE] and expired in the facility on [DATE].</p> <p>Review of the clinical record was conducted [DATE]-[DATE].</p> <p>Note Text : Lidocaine HCl (PF) Injection Solution 1 %</p> <p>Inject 3.5 ml intramuscularly one time a day for UTI for 2 Days</p> <p>awaiting from rx- The medication was prescribed for 2 days. Review of the MAR revealed only one dose was given on [DATE]. There was no documentation of the second dose being given as ordered. There was no documentation that the physician was notified the second dose of Lidocaine was not administered as ordered.</p> <p>Topiramate Tablet 100 MG (milligrams)</p> <p>Give 1 tablet by mouth three times a day for Seizure three times per day</p> <p>Review revealed that 4 doses of Topiramate were not available on:</p> <p>[DATE] at 8 a.m.</p> <p>[DATE] at 8 a.m.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[DATE] at midnight</p> <p>[DATE] at 8 a.m.</p> <p>There was no documentation of the physician being informed of 2 consecutive doses of Topiramate not being administered.</p> <p>Adderall XR Capsule Extended Release 24 Hour 15 MG</p> <p>Give 1 capsule by mouth two times a day for ADHD (Attention Deficient Hyperactivity Disorder) (scheduled at 9 a.m. and 9 p.m.</p> <p>Review revealed that 3 doses of Adderall were not available on: [DATE] at 9 a.m.</p> <p>[DATE] at 9 p.m.</p> <p>[DATE] at 9 a.m.</p> <p>There was no documentation of the physician being informed of 2 consecutive doses of Adderall not being administered on [DATE] and another missed morning dose on [DATE]. Therefore, there were 3 missed doses in 36 hours.</p> <p>On [DATE] at 3:05 p.m., an interview was conducted with LPN (Licensed Practical Nurse) # 3 who stated if the medication was not available, the nurse was expected to check the Cubex (in house Stat box) for an available supply of the medication and to notify the Pharmacy that the medication was not available. The nurse would order the medication from the Pharmacy so it would be available for the next scheduled dose and notify the physician that the medication was not available for administration as ordered.</p> <p>On [DATE] at 10:20 a.m., an interview was conducted with the Director of Nursing who stated medications should be available for administration as ordered by the physician. She stated the nurses should call the Pharmacy to inform them that the medication was not available in the medication cart, order the medication and check the Cubex. The Director of Nursing stated the nurses should notify the physician if the medication was not available to be administered in case the physician might want to order another medication or change the treatment plan.</p> <p>On [DATE] at 11 a.m., an interview was conducted with the Regional Nurse Consultant (Corporate # 1) who stated medications should be available for administration as ordered by the physician. Corporate # 1 stated the Pharmacy should have ensured the medication was available for administration. She also stated the nurses should have checked the Cubex (in house Stat box) for an available supply of the medication.</p> <p>During the end of day debriefing on [DATE], the Facility Administrator, Regional Nurse Consultant and and Director of Nursing were informed of the findings.</p> <p>No further information was provided.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. For Resident # 326, the facility staff failed to notify the physician that wound care was not provided as ordered by the physician.</p> <p>Resident # 326 was a [AGE] year old admitted to the facility on [DATE], with diagnoses that included but were not limited to: Calciphylaxis a rare serious disease that involves build up of calcium in small blood vessels of fat tissue and skin. People with the disease usually have kidney failure or receive dialysis.</p> <p>The most recent MDS (Minimum Data Set) assessment was coded as an Admission assessment with an ARD (Assessment Reference Date) of [DATE]. The BIMS (brief interview for mental status) was coded as 15 out of possible 15 indicating no cognitive impairment. The assessment also coded Resident # 326 as requiring assistance with activities of daily living;</p> <p>Review of the clinical record was conducted on [DATE] to [DATE].</p> <p>Review of the clinical record revealed documentation of wound care not being provided for Resident # 326 as ordered by the physician. There was missing documentation of wound care being administered 6 times during the stay at the facility. The missing documentation of wound care included the following dates: [DATE] at 8 p.m., [DATE] at 8 a.m. and 8 p.m., [DATE] at 8 a.m. and 8 p.m., and [DATE] at 8 a.m.</p> <p>Left breast wound cleanse with DWC (Dakin's Wound Cleanser) pack BID (twice a day) with Dakin's solution cover with Mepilex or Border gauze</p> <p>two times a day for wound care</p> <p>-Start Date-</p> <p>[DATE] 2000</p> <p>-D/C Date-</p> <p>[DATE] 1315</p> <p>Scheduled BID (twice a day) for 8 a.m. and 8 p.m.</p> <p>On [DATE] at 9:45 a.m., an interview was conducted during Medication Pour and Pass Observation with Licensed Practical Nurse # 1 who stated medications and treatments should be signed off at the time of administration. She stated there should be no blanks in the documentation because there was a code for refusals. Any blanks would be an indication the administration did not occur. She stated the nurse could also write a progress note about any refusals.</p> <p>On [DATE] at 2:10 p.m., an interview was conducted with the Director of Nursing who stated the Wound care specialist made rounds weekly on the residents with wounds. The Director of Nursing stated wound care was expected to be provided as ordered by the Physician.</p> <p>Review of the Weekly skin Assessments revealed assessments were done on [DATE] and [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Wound care Specialist's notes revealed wound care assessments were done on [DATE] and [DATE].</p> <p>Review of note of the Wound Care Specialist's evaluation on [DATE] at 8:34 a.m. revealed the following description:</p> <p>Location: left breast</p> <p>Wound ID:_____ (redacted)</p> <p>Measurements</p> <p>Length: 2.67 cm (centimeters) -- Red: 13.23 cm² --</p> <p>Width: 7.70 cm -- Black: 0.00 cm² --</p> <p>LxW: 20.56 cm² -- Yellow: 0.21 cm² --</p> <p>Depth: -- -- Pink: 3.11 cm² --</p> <p>Total: 16.56 cm² -- Other: 0.00 cm² --</p> <p>Observations</p> <p>% granulation 100.00</p> <p>Depth (cm) 0.20</p> <p>----- Calciphylaxis</p> <p>Other Normal saline wet to dry gauze BID</p> <p>Wound Status Present on admission</p> <p>Acquired in House? No</p> <p>Etiology Other</p> <p>Margin Detail Attached edges</p> <p>Drain Amount Moderate</p> <p>Drain Description Serosanguinous</p> <p>Odor No Odor</p> <p>Periwound Intact</p> <p>Pain 4</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dressing Change Frequency BID</p> <p>Cleanse Wound With Wound Cleanser</p> <p>Dressings Other: See Notes</p> <p>Secondary Dressing Bordered gauze</p> <p>PUSH Score 0</p> <p>Signature</p> <p>Review of note of the evaluation on [DATE] at 8:11 a.m. revealed the following description:</p> <p>Length: 9.77 cm (+265.7) Red: 25.99 cm² (+96.4)</p> <p>Width: 3.80 cm (-50.7) Black: 0.00 cm² (+0.0)</p> <p>LxW: 37.13 cm² -- Yellow: 0.00 cm² (-100.0)</p> <p>Depth: -- -- Pink: 2.01 cm² (-35.5)</p> <p>Total: 28.00 cm² (+69.1) Other: 0.00 cm² (+0.0)</p> <p>Observations</p> <p>% granulation 100.00</p> <p>Depth (cm) 0.20</p> <p>----- Calciphylaxis</p> <p>Other Normal saline wet to dry gauze BID</p> <p>Wound Status Worsening</p> <p>Acquired in House? No</p> <p>Etiology Other</p> <p>Additional woundbed details Bleeding</p> <p>Margin Detail Attached edges</p> <p>Drain Amount Heavy</p> <p>Drain Description Sanguinous</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Odor No Odor</p> <p>Peri wound Intact</p> <p>Pain 4</p> <p>Dressing Change Frequency BID</p> <p>Cleanse Wound With Wound Cleanser</p> <p>Dressings Other: See Notes</p> <p>Secondary Dressing Bordered gauze</p> <p>PUSH Score 0</p> <p>Review revealed the Wound Care Specialist evaluated the wound on [DATE] and described it as worsening and with heavy sanguinous drainage. Resident # 326 was transferred emergently to the emergency room on [DATE] with complaints of bleeding from the left breast and hypotension, Resident # 326 ultimately expired in the hospital on that same day.</p> <p>There was no documentation that wound care was provided as ordered by the physician. Documentation revealed that two days prior to the day Resident # 326 was transferred emergently to the hospital, wound care was not provided three times consecutively ([DATE] at 8 a.m., [DATE] at 8 p.m. and [DATE] at 8 a.m.) The documentation during the week prior revealed there had been three consecutive times when wound care was not provided ([DATE] at 8 p.m., [DATE] at 8 a.m. and 8 p.m.) There was no documentation that the physician was notified that wound care had not been provided as ordered.</p> <p>During the end of day debriefing on [DATE], the Facility Administrator and Director of Nursing were informed of the findings.</p> <p>No further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34894</p> <p>Based on observation, staff interview and clinical record review, the facility staff failed to maintain the confidentiality of medical records for two residents (Residents #'s 39, 74) in a survey sample of 74 residents.</p> <p>Findings included:</p> <p>1. For Resident # 39, the facility staff failed to honor the resident's right to privacy and maintain confidentiality of medical records when the screen for documentation of Activities of Daily Living was left open for others to easily view on 12/10/2024.</p> <p>Resident # 39 was admitted to the facility on [DATE] with the diagnoses of, but not limited to, Chronic Obstructive Pulmonary Disease, Emphysema, Primary Hypertension, Anxiety, Depression, Gastroesophageal Reflux Disease, Barrett's Esophagus, Dysphagia and Insomnia.</p> <p>The most recent Minimum Data Set (MDS) was a Quarterly Assessment Quarterly with an Assessment Reference Date (ARD) of 11/17/2024. Resident # 161's BIMS (Brief Interview for Mental Status) Score was a 15 out of 15, indicating no cognitive impairment.</p> <p>Review of the clinical record was conducted on 12/10/2024-12/19/2024.</p> <p>While the survey team was entering the facility for the initial tour on 12/10/2024 at approximately 11:40 a.m., the Point of Care Kiosk where the Certified Nursing Assistants document the Activities of Daily Living into the electronic health records was observed to be open and unattended by a staff member. The personal information for a resident was openly displayed on the screen. The surveyors could read the information clearly. There was no staff member observed in the hallway. The Kiosk was located on Unit One at the end of the hallway nearest to the lobby entrance to the unit. The resident was identified and placed in the sample as Resident # 39.</p> <p>The surveyor waited at the Kiosk until a staff member was observed walking toward the nurses station. The staff member identified herself as the Unit Manager, LPN (Licensed Practical Nurse) # 1 on Unit one. An interview was conducted with LPN # 1 who stated the facility staff should not leave the Kiosk unattended. LPN # 1 stated she would determine who left the Kiosk unattended.</p> <p>While the surveyor was talking with LPN # 1, a nursing staff member -CNA (Certified Nursing Assistant) # 1- came out of one of the rooms near the end of the hall close to the Kiosk. She identified herself as the one who had left the screen open for viewing. CNA# 1 apologized and stated that she thought she had closed the screen prior to going to help another resident.</p> <p>On 12/10/2024 at 2:25 p.m., an interview was conducted with CNA # 1 who stated that she normally would stay at the Kiosk until the screen closes but that she responded to the call light in the room of another patient who needed help immediately. CNA # 1 stated she understood that it was important to keep the residents' information confidential and to protect their privacy.</p> <p>Review of the facility census revealed that Resident # 39 was a resident on Unit One.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the end of day debriefing on 12/11/2024, the Facility Administrator and Director of Nursing were informed of the findings. They stated that residents information should be kept confidential and privacy protected.</p> <p>No further information was provided.</p> <p>2. For Resident # 74, the facility staff failed to honor the resident's right to privacy and maintain confidentiality of medical records when the screen for documentation of Activities of Daily Living was left open for others to easily view on 12/12/2024.</p> <p>Resident # 74 was admitted to the facility on [DATE] with the diagnoses of, but not limited to, Dementia, Diabetes, Major Depressive Disorder, Anxiety, Depression, Vitamin B 12 deficiency and Dysphagia.</p> <p>The most recent Minimum Data Set (MDS) was a Quarterly Assessment Quarterlywith an Assessment Reference Date (ARD) of 11/7/2024. Resident # 74's BIMS (Brief Interview for Mental Status) Score was a 00 out of 15, indicating severe cognitive impairment.</p> <p>Review of the clinical record was conducted on 12/13/2024-12/19/2024.</p> <p>While the survey team was exiting the facility on 12/12/2024 at 5:40 p.m., the Point of Care Kiosk where the Certified Nursing Assistants document the Activities of Daily Living was observed to be open and unattended by a staff member. The personal information for a resident was openly displayed on the screen. The surveyors could read the information clearly. There was no staff member observed in the hallway. The Kiosk was located on Unit One at the end of the hallway nearest to the lobby entrance to the unit. There were meal serving carts in the hallway. There were visitors observed walking in the hallway at the other end of the hall.</p> <p>The resident was identified and placed in the survey sample as Resident # 74.</p> <p>Review of the facility census revealed that Resident # 74 did not reside on Unit One where the Kiosk was open. Resident # 74 resided on the locked Memory Care unit which was down the other end of the hallway.</p> <p>On 12/16/2024 at 10:50 a.m., an interview was conducted with the Director of Nursing who stated the staff should not leave the Kiosks open and unattended where others can view the information. The Director of Nursing was asked to determine who was assigned to work with Resident # 74 on 12/12/2024 and was documenting in the record around the time the surveyors were leaving.</p> <p>During the end of day debriefing on 12/18/2024, the facility Administrator and Director of Nursing were informed of the findings. The information about who was had been documenting in the clinical record on 12/12/2024 was not provided by the end of the survey.</p> <p>No further information was provided.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199</p> <p>Based on Resident interview, facility staff interviews, clinical record review, and facility documentation review, the facility staff failed to maintain a safe, clean comfortable homelike environment for 4 of 4 nursing units to include the entire locked memory care unit and the direct care of five Residents (Resident #226, #117, #91, #69, and #280) in a survey sample of 74 Residents, resulting in a Substandard Quality of Care.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. For Resident #226, the entire memory care unit was dirty, in disrepair, was not safe, not clean, nor homelike. 2. For Resident #117, the entire memory care unit was dirty, in disrepair, was not safe, not clean, nor homelike. <p>1. Resident #226 was admitted to the facility on [DATE] with diagnoses including: End stage renal disease with hemodialysis, history of stroke, anemia, chronic congestive heart failure, hypertension, and diabetes type 2. The Resident did not have a diagnosis of dementia and was his own responsible party and by facility agreement cognitively intact and able to make his own decisions. The Resident had a room mate, Resident #117.</p> <p>2. Resident #117 was admitted to the facility on [DATE] with diagnoses including: Dementia without behavioral disturbance, hypertension, major recurrent depression. dysphagia, chronic kidney disease, cardiac disease, malignant cancer of nasal cavity, and congestive heart failure. The Resident had a room mate, Resident #226.</p> <p>During an initial interview on 12-10-24, at 11:40 AM, Resident #226 was found to be alert and oriented to person, place, time, and situation. He stated that he had requested to stay in his current room after learning that the facility planned to move him rather than discharge him home.</p> <p>During this interview, Resident #226 verbalized that he is a dialysis patient and that he received dialysis there in the facility. He further stated he hates the memory care unit because everyone is crazy in here, they wander into my room and take things, my room mate yells and cries all night for something to drink, I don't even get food every meal, the room is nasty and falling apart, and I can't even get a shower in here because the showers are so nasty dirty. He went on to say I like to walk around, it makes the time go faster, if I don't walk now I won't be able to leave, but locked in here I have no where to walk, I don't even have a TV to watch and I love TV, being in here will make you crazy with nothing to do.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The surveyor and Resident then immediately walked to the shower room for an initial observation and found it to be dirty, mildewed/moldy, foul smelling, had a strong odor of urine and feces, trash and debris littered the floor, used brown stained wet linens were on the floor, a white crusted substance was on the floor and walls, used soap and shampoo bottles were crusted on the shelves and hand rails in the shower, and the room was being used as a storage area as well for boxes of supplies and durable medical equipment. The Resident asked would you want to take a shower in here?</p> <p>Immediately following the shower room observation the Resident's room was examined. The Resident's room was shared with a second Resident. The room tour included but was not limited to the following being observed;</p> <p>broken vinyl window blinds, no curtains, a urine soaked bathroom, a pervasive smell of urine and feces in the room and on the entire unit.</p> <p>The free standing broken armoire closets in the rooms were swollen and splitting, with rotten splinters and chunks of disintegrating wood and wood particles all over the Residents few items in the closet, and in the rooms.</p> <p>The sink vinyl laminate countertop area was water damaged and swollen and separated revealing particle board disintegration with the sink partially separated from the wall in a downward unstable dropped position, and wood dust everywhere.</p> <p>Under the sink a cabinet door was ajar as it would not close because of the downward sloping sink, and the inside compartment was an open hole with what appeared to be a black concrete floor. Inside was found mildew, mold, trash, a pair of urine stained white tennis shoes, and 2 shirts that were stuck together with an unknown substance, all thrown in onto the floor.</p> <p>The floor of the room was sticky and made a sucking sound as one walked across it, and the base board was peeling and drooping over in places. The floor was crusted with crumbs, brown debris, and black particles.</p> <p>The bed divider curtain had brown stains and smeared feces on it.</p> <p>The PTAC (air conditioning wall unit) was not secured and had fallen forward into the room approximately 12 inches revealing light around it and cold air coming into the room from the outside of the building. The front cover of the unit was also missing and the sharp metal grill was exposed. The Resident's room mate's bed (#117) was pushed against the PTAC holding it in place so it would not completely fall out of the hole in the outside facing wall.</p> <p>Resident #117 was in bed covered with only a bed sheet with no blanket and wore no clothing nor gown, and only an incontinence brief under the bed sheet. During the entire survey Resident #117 was never observed during the day out of bed, and asked the surveyors often for something to drink stating Please, Please bring me some water I'm so thirsty. The Residents lips were noted to be cracked and dry.</p> <p>The Residents had no television, no clock, no telephone, no radio and the room had no personal items in it nor on the walls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Resident #226 had no shoes, no coat, 2 pairs of pants, and 2 shirts (the Resident was wearing one of each). When asked about his clothing he stated I had more, but they have been stolen. The same number of clothing articles were found for Resident #117.</p> <p>Each room on the unit was then inspected by all surveyors and found to be in the same condition as Resident #226's room. There were no televisions in any room, and no water to drink in any room.</p> <p>There was also noted in the hallway the air conditioning main vent in the ceiling and air return on the wall were so dusty that they had the appearance of brown fur coating them. The walls were marked and smeared and had paint scraped off in places. There was no soap nor paper towels in the Resident rooms for hand washing of staff or Residents.</p> <p>On 12-13-24 the Director of Maintenance and Director of Environmental Services (house keeping) were interviewed and agreed that staffing for the 2 departments had been tight. Environmental services had 13 total employees. That number was responsible for house keeping, laundry and floor machine technicians.</p> <p>This number culminated in daily staffing dispersal of 3 staff in laundry, and 1 floor tech, which left 1 housekeeper on each of the 4 nursing units, and 1 housekeeper in common areas such as dining rooms on each unit, the main kitchen, activities, offices, therapy, bathrooms, conference rooms, the dialysis center, and main hallways/entrances. The added 4 staff positions would be trade outs for the other staff members days off during a seven day schedule.</p> <p>With 123 resident rooms total each of the nursing units housed approximately 20 to 35 Resident rooms for one house keeper to clean each day in an 8 hour shift allowing for 16 minutes to clean each room.</p> <p>Two of the 3 dryers in the laundry had been broken since June 2024, so linens and privacy curtains and resident personal laundry was not being washed and returned timely even though the staff was washing and drying around the clock. The only working dryer was being operated 24 hours per day. The dirty linen storage on the units was backed up as a result, and creating some of the pervasive urine and feces odors in the facility. Linens, bedding, and privacy curtains were not being changed as often as necessary due to the inability to have enough on hand to change them out more frequently.</p> <p>The maintenance Director stated they were starting to get some priorities taken care of in the facility now as staffing had improved just recently, and he began painting the memory unit and new cabinets began to be installed on 12-13-24.</p> <p>On 12-12-24, and 12-13-24 during a meeting with the Administrator, Director of Nursing, and Corporate clinical support consultant, the facility staff were made aware of the above concerns and that the entire memory care unit was not safe, clean and comfortable.</p> <p>On 12-19-24, prior to the survey exit the Director of Nursing informed surveyors that Resident #226 and his room mate had been moved back onto regular units last night (12-18-24).</p> <p>At the time of survey exit on 12-19-24 the facility Administrator, and Director of Nursing stated they had nothing further to provide.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>34894</p> <p>3. For Resident # 91 residing on Unit 1, the facility staff failed to ensure bugs/insect/gnats were not in sandwiches stored on top of the light fixture over the bed. There were no sheets on the mattress nor linens on the bed during the entire survey.</p> <p>Resident # 91 was admitted to the facility on [DATE]. Diagnoses included but were not limited to: Cerebral Infarction, Hypertension, Anxiety Disorder, Hemiplegia and Vascular Dementia.</p> <p>The most recent Minimum Data Set (MDS) was an Annual Assessment with an Assessment Reference Date (ARD) of 11/3/2024. Resident # 91's BIMS (Brief Interview for Mental Status) Score was a 14 out of 15, indicating no cognitive impairment. Resident # 91 required assistance with Activities of Daily Living.</p> <p>Review of the clinical record was conducted on 12/10/2024-12/19/2024.</p> <p>On 12/10/2024 during the initial tour of Unit 1, clutter was observed in Resident # 91's room. There were several items on the nightstand, on the window sill and clutter around the bed. There were 4 sandwiches wrapped individually in sandwich bags lying on top of the ledge of the light fixture above the bed. Numerous bugs/insects were observed swarming in one of the sandwich bags. There were dozens of bugs/insects in the sandwich bag. Closer observation of the room revealed there were bugs/insects flying in the room.</p> <p>The Facility Administrator came into the room while the surveyor was inspecting the area. The Administrator picked up the four sandwiches and noticed the bugs/insects. The Administrator stated the insects they might have been black gnats. She stated that was unacceptable and that insects should not be in residents rooms. She stated she was going to take care of the problem. The Administrator took all four sandwiches to the soiled utility room at the end of the hall. The Administrator returned to Resident # 91's room and asked why he had so many sandwiched. Resident # 91 stated he was keeping them to eat later. The Administrator informed Resident # 91 that he could not keep several sandwiches at the bedside because they were attracting bugs/insects. The Administrator told Resident # 91 stated the Dietary Staff would provide sandwiches whenever he requested them.</p> <p>On 12/10/2024 at 2:30 p.m., an interview was conducted with CNA (Certified Nursing Assistant)-1 who stated that Resident # 91 liked to keep snacks at the bedside and did not want staff members to remove them. CNA-1 stated bugs/insects should not be in residents rooms.</p> <p>On 12/11/2024 at 9:15 a.m., black insects were noted in Resident # 91's room near the sink at the entrance to the room and on items on Resident # 91's side of the room. Resident # 91 was sitting on the side of the bed.</p> <p>On 12/11/2024 at 9:45 a.m an interview was conducted with the Dietary Manager who stated the sandwiches were placed on each meal tray as requested by the resident. The Dietary Manager stated she was not aware that Resident # 91 was collecting the sandwiches and not eating them. The Dietary Manager stated she was not aware that bug/insects were in the sandwiches at the bedside.</p> <p>On 12/11/2024 at 12:40 p.m. an interview was conducted with the DON (Director of Nursing) who stated bugs/insects should not be in residents rooms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy entitled Resident Environmental Quality, implemented 11/1/2020, revised 12/1/2022 revealed a policy statement which read The facility should be designed, constructed, equipped and maintained to Provide a safe, functional, sanitary and comfortable environment for residents, staff and the public. The policy explanation and guidance included the following excerpts:</p> <p>5. The facility must provide each resident with</p> <ul style="list-style-type: none"> a. A separate bed of proper and height and size for the convenience of the resident b. A clean comfortable mattress c. Bedding appropriate to the weather and climate . <p>During all of the days of the survey, there were observations of no sheet on the mattress at any time. Resident # 91 was observed lying in the bed with no sheet or bedding covering the mattress. The resident was lying on the uncovered vinyl mattress.</p> <p>On 12/17/2024, at approximately 03:45 PM, Resident #91 was observed walking into his room. Bed observed unmade no sheets. Air condition unit set at 62 degrees. Resident states I don't want sheets on my bed its too hot. Everyone here knows not to put sheets on my bed and to keep my curtain drawn.</p> <p>On 12/18/2024 during the end of day debriefing, the Administrator and Director of Nursing were informed of the findings of failure to provide a clean, comfortable, homelike environment. There was no documentation that the resident refused to allow the staff to provide bedding for the mattress</p> <p>No further information was provided.</p> <p>34306</p> <p>Upon walking up the sidewalk into the facility on [DATE] at approximately 11:15 AM, an observation was made of a large mat along the walkway leading to the front door entrance. Viewable at the corners of the mat were many broken and loose tiles in the sidewalk. Overhead under the awning were large pieces of plaster missing and hanging plaster about to fall.</p> <p>As the Team was escorted to the conference room through the corridor of Unit 1, unpleasant lingering odors reeked to the end of the corridor and much debris and clutter was observed. Immediately upon getting seated in the conference room several windows had sections of missing blinds on Unit 3, observable from the conference room. Residents and staff were viewable through the broken blinds.</p> <p>4. Resident #69 was originally admitted to the facility 1/2/2024. The current diagnoses included end stage renal disease requiring hemodialysis, and a history of strokes. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 10/23/2024 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 13 out of a possible 15. This indicated Resident #69's cognitive abilities for daily decision making were intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 12/10/24 at approximately 2:39 PM an interview was conducted with Resident 69. Resident #69 stated he was dissatisfied with his room primarily because of episodes of water dripping from the ceiling onto his head and face. The resident pointed out many water-stained ceiling tiles. The resident further stated that the light over the sink has been extremely dim for months, and he had reported it to several staff but, no one would replace it. Resident #69 also stated that his room floor is not mopped consistently, and the sink is usually soiled, and the bathroom was not clean because of lack of general cleaning. Resident #69 adamantly stated he refuses to go to the shower room because it is not clean or homelike.</p> <p>The resident also stated there are not always towels and washcloths for bathing and his soiled clothes were running over in his room because of problems in the laundry. He stated the environment saddens him and he would like to move but, he does not have a place to live outside the facility.</p> <p>On 12/10/24 at 2:39 PM observations were made of the concerns the resident identified, it was validated that the bathroom did not have a freshness and there were multiple stained ceiling tiles overhead, as well as the light over the sink was barely projecting light. It was also identified that the floor lacked gloss and had a stickiness to it, the sink was with multiple items and lacked cleanliness. The trash can was without a liner and used gloves were observed on the floor next to it and soiled laundry was over in the corner beneath the television.</p> <p>On 12/19/24 at approximately 4:45 PM the above information was shared with the Environmental Services Director and Maintenance. At approximately 5:00 PM four staff were observed in Resident #69's room, one was on a ladder working on the ceiling tiles, the dim light bulb had been removed from over the sink and a super bright light was in place.</p> <p>On 12/19/24 at approximately 6:00 P.M., a final interview was conducted with the Administrator, Director of Nursing, Assistant Director of Nursing, the Owner and three Corporate Nurse Consultants. They voiced no concerns regarding the above findings.</p> <p>5. Resident #280 was originally admitted to the facility 12/3/24 after an acute care hospital stay. The resident's current diagnoses included a possible TIA, chronic pain fibromyalgia, and Raynaud's phenomena. The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) 12/10/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 11 out of a possible 15. This indicated Resident #280's cognitive abilities for daily decision making were moderately impaired.</p> <p>On 12/13/24 at approximately 12:55 PM an interview was conducted with Resident #280. The resident stated she was not satisfied with the cleanliness of the room. She stated the floors may appear clean, but she sees how black her socks are when she gets in the bed. The resident stated that she was in the room most of the time and she had not seen anyone clean the floors or the bathroom, but they had removed the trash daily.</p> <p>Resident #280 also stated there was a dead bug in the floor near the door for two days before a nurse decided to sweep it up. Resident #280 stated her focus was to be discharged home very soon because nothing was going well in the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 12/19/24 at approximately 6:00 P.M., a final interview was conducted with the Administrator, Director of Nursing, Assistant Director of Nursing, the Owner and three Corporate Nurse Consultants. They voiced no concerns regarding the above findings.</p> <p>40711</p> <p>6. On 12/13/24 at approximately 12:30 PM., an observation of Unit 3 was made on the Memory Care Unit. Fourteen residents were observed sitting, standing and or walking around in the dining room. Some residents were observed leaving from out of the dining room near a metal door plate that was separating in an outward position from the door approximately 1 inch. Staff were also observed coming and going from the dining area. On 12/19/24 at approximately 11:35 AM.,an observation was made on unit 3, to the dining room area. The metal door plate was still extending outward from the door leading into the dining room.</p> <p>On 12/19/24 at approximately 1:07 PM., an observation was made on Unit 2, room [ROOM NUMBER]. Buckling ceiling tiles, a hole in the ceiling and a brown substance was noticed on the privacy curtain (32-A). Resident #88 was resting quietly in her bed. Her Brief Interview for Mental Status (BIMS) score was a 3 out of a possible 15. This indicated Resident #88 cognitive abilities for daily decision making were severely impaired. Resident #88 was not able to respond to questions asked concerning the condition of her room.</p> <p>On 12/19/24 at 12:25 PM., an interview was conducted with the Maintenance Assistant/Other Staff Member (OSM) #11, concerning the ceiling tiles, and hole in the ceiling in room [ROOM NUMBER] on unit 2. OSM #11 said, The new ceiling tiles came in today. The privacy curtain was observed visible soiled with a brown substance.</p> <p>On 12/19/24 at approximately 1:00 PM., an interview was conducted with the IP concerning the brown substance observed on the privacy curtain on unit 2, room [ROOM NUMBER]. The IP said that she had spoken to the Environmental Services Department (ESD) and said, It's an infection control issue.</p> <p>On 12/19/24 at approximately 5:30 PM., an interview was conducted with the Administrator and with OSM #8 concerning the privacy curtain room, the ceiling tiles and the hole present in the ceiling in room [ROOM NUMBER].</p> <p>On 12/19/24 at approximately 5:45 PM., OSM #8 informed surveyor that he was replacing the privacy curtain (32-A), and confirmed that it looked like Bowel Movement (BM) smeared on it.</p> <p>On 12/19/24 at approximately 5:55 p.m., 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> <p>40026</p> <p>7. For the facility, the facility staff failed to ensure clean comfortable and sanitary environment for Residents, staff and the public.</p> <p>The following observations were made during the course of the survey:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hallway bathroom on Unit 2 cove base pulled off wall since survey started on 12/10/24, not repaired.</p> <p>Strong urine odor on hall Unit 1 noticed on the morning of 12-10-24, 12-16-24 and 12-17-24.</p> <p>On 12/18/24 8:47 AM used glove noted outside of room [ROOM NUMBER] and linens in floor.</p> <p>Soiled linens were observed on the floor in room [ROOM NUMBER].</p> <p>Shower room Unit 1 - used pull ups, gloves and plastic cups on the floor, 1st shower stall floor was dirty and used washcloth left on railing.</p> <p>Shower stall 2 - dirty washcloth on floor as well as one on handrail. Hoyer lift in middle of the room blocking the shower stalls chair scale had resident clothing and soiled brief laid across it.</p> <p>On 12/18/24 10:00 AM - room [ROOM NUMBER] soiled linens observed on the floor.</p> <p>On 12/18/24 at approximately 10:10 a.m. an interview conducted with LPN #2 (Unit Manager) who was asked if it was an acceptable practice to place soiled linens on the floor, she stated, It is not ok to have soiled linens on the floor and it is an infection control risk to leave soiled linens on the floor.</p> <p>On 12/18/24 10:20 a.m. Shower room Unit 2 - toilet unflushed with urine and feces, bathroom smelled of urine, Cove base peeling off of the shower room walls, shower stall dirty and soiled linen in shower room floor.</p> <p>The resident council minutes dated 8/14, 9/26 and 10/24/24 reflected complaints of needing more linens, (towels, sheets), as well as dirty bathrooms.</p> <p>On 12/18/24 an interview was conducted with Other Employee #1 stated that they have had issues with linens being available due to 2 of the 3 dryers being broken and unavailable for use. When asked if this has impacted the staff she stated that they did not have enough clean linens to bathe the residents. They stated they had to cut towels to make wash cloths. Other Employee #1 stated that the facility would no longer allow them to use disposable wipes so they have to use the linens for incontinent care.</p> <p>Review of the facility policy entitled Resident Environmental Quality revealed the following excerpts:</p> <p>The facility should be designed, constructed, equipped and maintained to Provide a safe, functional, sanitary and comfortable environment for residents, staff and the public.</p> <p>5. The facility must provide each resident with:</p> <p>a. A separate bed of proper and height and size for the convenience of the resident</p> <p>b. A clean comfortable mattress</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c. Bedding appropriate to the weather and climate .</p> <p>On 12/19/24 during the end of day debriefing meeting the Administrator was made aware of the findings and no further information was provided.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0603</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199</p> <p>Based on observations, Resident interview, facility staff interviews, clinical record review, and facility documentation review, the facility staff involuntarily secluded one (1) Resident (Resident #226) in a survey sample of 74 Residents, resulting in psychosocial harm.</p> <p>The findings included:</p> <p>For Resident #226, who refused a transfer to the locked memory care unit (for residents with dementia and behaviors), the facility staff failed to honor the resident's request. The staff moved him against his will, into the secured unit with no access codes to afford him independent egress. The resident did not meet the criteria for the move as no criteria was ever derived in the facility by way of policy or procedure, which resulted in a move for staff convenience.</p> <p>Resident #226 was admitted to the facility on [DATE] with diagnoses including: End stage renal disease with hemodialysis, history of stroke, anemia, chronic congestive heart failure, hypertension, and diabetes type 2. The Resident did not have a diagnosis of dementia and was his own responsible party and by facility agreement cognitively intact and able to make his own decisions.</p> <p>Three MDS (minimum data set) federal assessments were reviewed since the resident's admission through the time of survey on 12-10-24. Those follow below:</p> <ol style="list-style-type: none"> 1. The first MDS admission assessment was dated 6-10-24 and indicated the resident had a Brief Interview for Mental Status BIMs score of 8 of a possible 15 points upon admission after Acute hospitalization for encephalopathy from a fall and missing hemodialysis. He was coded in the document as able to understand and be understood, no aberrant behaviors, needed only limited assistance with most (activities of daily living) ADLs such as toileting, ambulating, hygiene, transferring, and bed mobility, and was dependant on staff only for bathing, however needed only tray set up and clean up for meals. 2. The second MDS was a quarterly assessment dated [DATE] which indicated the Resident had a Brief Interview for Mental Status BIMs score of 11 of a possible 15 points after a rehospitalization for septic shock due to hypovolemia, as no infection was found to support septic shock, nor sedation as narcan had no effect. He was coded in the document as able to understand and be understood, no aberrant behaviors, and functional abilities were not coded. 3. The third MDS was a quarterly assessment dated [DATE] indicated the Resident had a Brief Interview for Mental Status BIMs score of 10 of a possible 15 points. He was coded in the document as able to understand and be understood, no aberrant behaviors, needed only set up and clean up for bathing, otherwise, was completely independent for all (activities of daily living) ADLs such as toileting, ambulating, hygiene, transferring, and bed mobility, and eating. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0603</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 9-26-24 at 4:42 PM the Resident was moved to the memory care locked unit and the Resident's son was notified according to the room change notification document in the clinical record, however, the document stated that the Resident's brother agreed to the room change even though these individuals were only emergency contacts and the Resident refused and was his own responsible party. The reason given for the move, was elopement risk. The Resident had never eloped and on the one occasion that he went outside to sit in the sun after dialysis he did not leave, even though he could have walked away, he simply sat there until staff came to take him back to his room. When asked about this incident the Resident stated there is no reason that I can't sit outside for awhile and get some fresh air. I am not a prisoner.</p> <p>During an initial interview on 12-10-24, at 11:40 AM, Resident #226 was found to be alert and oriented to person, place, time, and situation. He stated that he had requested to stay in his current room after learning that the facility planned to move him rather than discharge him home. Resident #226 stated he was told his son and grandson were not able or willing to care for him in the home that the three of them had formerly shared. The Resident insisted on planning a discharge back to the community, or an assisted Living Facility as soon as possible, however, he stated no one listened, no one came to talk to me about it, and nothing ever happened even though I kept telling them. During this interview, Resident #226 verbalized that he is a dialysis patient and that he received dialysis there in the facility. He further stated he hates the memory care unit because everyone is crazy in here, they wander into my room and take things, my room mate yells and cries all night for something to drink, I don't even get food every meal, the room is nasty and falling apart, and I can't even get a shower in here because the showers are so nasty dirty. He went on to say I like to walk around, it makes the time go faster, if I don't walk now I won't be able to leave, but locked in here I have no where to walk, I don't even have a TV to watch and I love TV, being in here will make you crazy with nothing to do.</p> <p>The surveyor and Resident then immediately walked to the shower room for an initial observation and found it to be dirty, mildewed/moldy, foul smelling, had a strong odor of urine and feces, trash and debris littered the floor, used brown stained wet linens were on the floor, a white crusted substance was on the floor and walls, used soap and shampoo bottles were crusted on the shelves and hand rails in the shower, and the room was being used as a storage area as well for boxes of supplies and durable medical equipment. The Resident asked would you want to take a shower in here?</p> <p>Immediately following the shower room observation the Resident's room was examined. The Resident's room was shared with a second Resident. Resident #226's room tour included but was not limited to the following environmental observations:</p> <p>Broken vinyl window blinds, no curtains, a urine soaked bathroom, a pervasive smell of urine and feces in the room and on the entire unit.</p> <p>The free standing broken armoire closets in the rooms were swollen and splitting, with rotten splinters and chunks of disintegrating wood and wood particles all over the Residents few items in the closet, and in the rooms.</p> <p>The sink vinyl laminate countertop area was water damaged and swollen and separated revealing particle board disintegration with the sink partially separated from the wall in a downward unstable dropped position, and wood dust everywhere.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0603</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Under the sink a cabinet door was ajar as it would not close because of the downward sloping sink, and the inside compartment was an open hole with what appeared to be a black concrete floor. Inside was found mildew, mold, trash, a pair of urine stained white tennis shoes, and 2 shirts that were stuck together with an unknown substance, all thrown in onto the floor.</p> <p>The floor of the room was sticky and made a sucking sound as one walked across it, and the base board was peeling and drooping over in places. The floor was crusted with crumbs, brown debris, and black particles.</p> <p>The bed divider curtain had brown stains and smeared feces on it.</p> <p>The PTAC (air conditioning wall unit) was not secured and had fallen forward into the room approximately 12 inches revealing light around it and cold air coming into the room from the outside of the building. The front cover of the unit was also missing and the sharp metal grill was exposed. The Resident's room mate's bed was pushed against the PTAC holding it in place so it would not completely fall out of the hole in the outside facing wall.</p> <p>The Residents had no television, no clock, no telephone, no radio and the room had no personal items in it nor on the walls.</p> <p>Resident #226 had no shoes, no coat, 2 pairs of pants, and 2 shirts (the Resident was wearing one of each). When asked about his clothing he stated I had more, but they have been stolen.</p> <p>Each room on the unit was then inspected by all surveyors and found to be in the same condition as Resident #226's room. There were no televisions in any room, and no water to drink in any room.</p> <p>There was also noted in the hallway the air conditioning main vent in the ceiling and air return on the wall were so dusty that they had the appearance of brown fur coating them. The walls were marked and smeared and had paint scraped off in places</p> <p>It is notable to mention that no activities were noted to be conducted in the secured unit from 12-10-24 until 12-18-24. The staff were asked why no activities were being conducted for the residents and they replied that we only have one activity person for the whole 150 bed facility.</p> <p>Facility CNA (Certified nursing Assistant) and LPN (Licensed Practical Nurse) staff on the memory care unit and other units were interviewed, and stated the reason that Resident #226 had been placed on the memory unit was wandering and behaviors When asked what his behaviors were, they were only able to say he went outside and sat in his wheel chair one time after dialysis, and further stated he would wander up and down the halls and that will get you put in here for sure. The surveyor asked why he walked, and there was no response.</p> <p>The Social worker was interviewed on 12-10-24 and revealed that she had just been hired on 11-19-24. The former Social worker resigned on 6-28-24, and there had been no social worker in the facility from 6-28-24 until 11-19-24. She stated she would be putting in a progress note for Resident #226 on this same day, and she stated that she didn't really know much about him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0603</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12-11-24 the social work note was reviewed and revealed a progress note that documented the Resident as long term care during a care planning meeting, and nothing about discharge planning or his desire to be discharged .</p> <p>On 12-12-24 the Social worker's license and curriculum vitae were requested for verification and vetting as part of the employee records review for competency of staff. It was noted that the required course work and degree required by state and federal regulation for this employee was not sufficient for the role.</p> <p>The Director of Nursing and Administrator were asked for a policy or procedural guidance for moving a Resident onto the memory care locked unit. Both stated that they did not have one, and could not describe a pathway to the decision for moving a resident into the secure unit.</p> <p>On 12-11-24, through 12-19-24 a clinical record review was conducted. There was no evidence in the clinical record that the physician had been called and notified of the Resident's move, nor was a request made for assessment and told that the Resident wished to discharge.</p> <p>On 12-5-24 a PHQ-9 (the only one during his stay) evaluation for depression was conducted and gave a score of 3 which equaled minimal or not at all suffering from depression. The Resident was not ordered to have any psychoactive medications, nor did he have any diagnoses to support the use of them.</p> <p>Resident #226 refused the move to the secured unit and was moved against his will. Resident #226 was unable to bathe in a safe, clean environment, and his room was not a safe, clean environment. The room was cold with the heating unit out of the wall. The Residents personal items and clothing were missing and not available to him. Confused Residents wandered in and out of his room affording him no private space. The Resident was unable to sleep as his roommate called out all night for water to drink, and food was found to be insufficient. The Resident kept a jar of peanut butter by his bed and a loaf of bread so that I can eat something when they forget my tray like they do my roommate's tray. The Resident repeatedly told staff he wanted to be let out of the unit and wanted to be discharged . There were no activities being held on the unit, and there was no television for any of the Residents. Resident #226 received no care planning by an interdisciplinary team, no social work for room moves or discharge assistance, and he received no psychosocial support. The Resident stated no one listened to him, he felt locked in, unable to walk or go outside, and he felt like a prisoner that was going crazy with nothing to do but stare at the walls.</p> <p>On 12-12-24, during the end of day debriefing meeting with the Administrator, Director of Nursing, and Corporate clinical support consultant, the facility staff were made aware of the above concerns and that the Resident had requested to stay in his room, and to be planned for discharge, which was denied and there was no evidence that the physician was notified of this request. Further they were notified that no Social Worker was providing care during the Resident's stay which compounded the incident further, and culminated in the withholding of a resident's rights, and involuntary seclusion resulting in psychosocial harm.</p> <p>On 12-19-24, prior to the survey exit the Director of Nursing informed surveyors that Resident #226 and his roommate had been moved back onto regular units last night (12-18-24). This indicated that the involuntary seclusion was borne out by the fact that the day before survey exit the Resident was moved back to a regular unit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0603 Level of Harm - Actual harm Residents Affected - Few	At the time of survey exit on 12-19-24 the facility Administrator, and Director of Nursing stated they had nothing further to provide.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40711</p> <p>Based on observation, resident interview, staff interview, clinical record review, and review of facility documents, the facility's staff failed to report an accident hazard which resulted in bodily harm, to the State Survey and Certification Agency for one (1) or 74 residents, (Resident #56) in the survey summary.</p> <p>The findings included:</p> <p>Resident #56 was originally admitted to the facility 08/22/19 and readmitted [DATE] after an acute care hospital stay. The current diagnoses included; Unsteadiness on feet and Impulsiveness, Burn of first degree of left forearm, initial encounter. Burn of unspecified degree of single right finger (nail) except thumb, initial encounter. Unspecified dementia without behavioral disturbance. Unsteadiness on feet. Impulsiveness.</p> <p>The quarterly, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 10/01/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #56 cognitive abilities for daily decision making were intact.</p> <p>In sectionGG(Functional Abilities and Goals) the resident was coded as independent with eating, oral care, toileting hygiene, personal hygiene, bathing/showering self. Sub section: GG0120 coded resident as using a walker as a Mobility Device.</p> <p>The care plan focus dated 10/14/24 read that Resident #56 has actual impairment to skin integrity of the left third finger and right forearm burn r/t impaired safety awareness. The Goal was that resident will have no complications r/t burn of the right forearm and left third finger through the review date. The interventions: Encourage good nutrition and hydration in order to promote healthier skin, follow facility protocols for treatment of injury, identify/document potential causative factors and eliminate/resolve where possible and Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations.</p> <p>During the initial rounds on 12/11/24 at approximately 10:27 AM., an interview was conducted with another resident, Resident #5 concerning warming her foods. Resident #5 mentioned We had a communal microwave in the break room. They took it away after a lady burned herself. Resident #5 also said that she didn't know the resident but after she was burned the microwave was removed and they could no longer warm their foods.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the synopsis of event report revealed the following: Date of incident: 6/03/24. Time: 6:00 PM. Location: Dining Area., Type of Injury: Burn to include redness, swelling and pain. Assessment: Redness, blistering, and swelling noted to left forearm, and right middle finger. Description of event: Resident was heating up coffee in a microwave in the Unit 2 dining area. When attempting to pick the coffee up, resident spilled hot coffee on her hand. According to the investigative document, Resident #56 was interviewed by staff at 10:00 AM., then Unit 2 manager, now currently, the Infection Preventionist (IP) OSM #5. The resident confirmed that she reheated the coffee in the microwave and spilled the hot coffee on her hand. According to the staff interview, the resident was heard yelling out from the dining room.</p> <p>A review of the June 2024 Treatment Administration Record revealed daily wound care of the Right-Hand 3rd Digit. Cleanse with wound cleanser, apply bacitracin and cover with dry bandage every day shift for wound care -Start Date= 06/08/2024 0700. Discontinue Date =06/19/2024. Apply Skin Prep and LOA to Left Forearm every day and evening shift for Blister. Start Date= 06/07/2024 3:00 PM. discharge date =06/12/2024.</p> <p>A review of the Nurse Practitioner's Skin and Wound note on 06/05/2024 at 12:46 PM., read: Patient being evaluated for new left dorsal forearm burn and right middle finger burn secondary to coffee spill by the patient. Right middle finger with pink epithelial tissue and left dorsal forearm with intact blister. Recommend skin prep to forearm and bacitracin to right middle finger.</p> <p>WOUND ASSESSMENTS: Date wounds were acquired: 6/03/24</p> <p>6/05/24- Wound #1 Location: right middle finger, Primary Etiology: Burn, Stage/Severity: Partial Thickness, Wound Status: New, Odor Post Cleansing: None, Size: 2.2 cm x 0.9 cm x 0.1 cm. Calculated area is 1.98 sq cm. Wound Base: 100% epithelial, Wound Edges: Attached, Peri wound: Intact, Exposed Tissues: Epithelium, Exudate: Scant amount of Serosanguineous, Wound Pain at Rest: 6.</p> <p>Wound: 2=6/04/24 Location: left forearm, Primary Etiology: Burn, Stage/Severity: Partial Thickness, Wound Status: New, Odor Post Cleansing: None, Size: 1.2 cm x 1.1 cm x 0.1 cm. Calculated area is 1.32 sq cm., Wound Base: 100% epithelial, Wound Edges: Attached, Peri wound: Intact, Exposed Tissues: Epithelium, Exudate: None amount of None, Wound Pain at Rest: 5.</p> <p>PLAN: Wound #1 right middle finger Burn Treatment Recommendations: 1. Cleanse with wound cleanser. 2. apply Bacitracin ointment to base of the wound. 3. secure with Bordered gauze. 4. change BID, and PRN.</p> <p>PLAN: Wound #2 left forearm Burn. Treatment Recommendations: 1. Cleanse with wound cleanser. 2. apply Skin Prep to base of the wound. 3. secure with Leave open to air. 4. change BID.</p> <p>PLAN: Wound #1=6/12/24 Location: right middle finger Burn, Partial Thickness, Improving without complications. Size: 1.0 cm x 0.20 cm x 0.10. 100% epithelial, wound edges attached, peri wound intact, scant exudate, serosanguinous, no odor. Treatment Recommendations: 1. Cleanse with wound cleanser. 2. apply Bacitracin ointment to base of the wound. 3. secure with Bordered gauze. 4. change Daily and PRN.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PLAN: Wound #2=6/12/24-24 Location: left forearm, Primary Etiology: Burn, Stage/Severity: Partial Thickness, Wound Status: Improving without complications: None, Size: 1.2 cm x 0.60 cm x 0.10 cm. Wound Base: 100% epithelial, Wound Edges: Attached, Peri wound: Intact, Exposed Tissues: Epithelium, Exudate: scant, serosanguineous, no odor. Treatment recommendations: Change dressing daily, Cleanse with wound Cleanser, apply bacitracin ointment use bordered gauze.</p> <p>PLAN: Wound #1=6/19/24 Location: right middle finger Burn. Wound Resolved.</p> <p>PLAN: Wound #2=6/19/24-24 Location: left forearm. Wound Resolved.</p> <p>On 12/12/24 at approximately 5:00 PM., during the end of day meeting. The Director of Nursing (DON), the Administrator and Corporate Staff #2., were asked if they had a Communal Microwave on Unit 2, and requested accident hazard reports on residents receiving burns. The DON said that she remembered an accident that took place months ago. The DON was asked if the microwave was still in the communal dining room. The DON said that the microwave had been removed since the resident burn, but she did not remember when it was removed.</p> <p>On 12/13/24 at approximately 10:10 AM., the DON and Corporate Staff #1 informed surveyor of Resident #56 receiving a coffee burn months ago. Documents of the incident were given to the survey staff. The DON said that a Facility Synopsis of the event was not completed and sent to the State Survey and Certification Agency.</p> <p>On 12/13/24 at approximately 3:55 PM., Resident #56 was not available to interview. Staff states the resident was on Leave of Absence with activities.</p> <p>On 12/17/24 at approximately 11:15 AM., Resident not available to interview. Staff states resident was at an appointment.</p> <p>On 12/17/24 at approximately, 11:15 AM., an interview was conducted with Other Staff Member (OSM) #5. OSM #5 said that the room was for staff to heat up food, but the residents would use the microwave also. OSM #2 said that she took the microwave off the unit to keep everyone safe after the resident was burned. OSM #2 said they provided First aide to Resident #56. The forearm looked red and was swollen. Nurse didn't physically see the resident as she was warming up her coffee who used a walker for mobility on and off the unit.</p> <p>On 12/17/24 at approximately 3:25 PM., an interview was conducted with Certified Nursing Assistant (CNA) #11. CNA #11 said that she heard about the incident but didn't witness it. CNA #11 also mentioned that the incident occurred in the dining room on Unit 2. CNA #11 also said that initially a resident had the microwave in his room, but it was removed and put in the dining room. Licensed Practical Nurse (LPN) #7 wrapped her hand.</p> <p>On 12/17/24 at approximately 4:25 PM., an interview was conducted with Resident #56 concerning her incident. Resident #56 said that after she heated and removed her cup of coffee from the microwave, she spilled it on her hand and arm as she was using her walker.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Abuse Policy Revised on 12/01/22 read: It is the policy of the facility to provide protection of health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of property. Reporting: The facility will have written procedures that include: Reporting all alleged violations to the administrator, state agency's or adult protective services and to all other required agencies with in specified timeframes. Immediately but no more than 2 hours. If the events that caused serious bodily injury or not later than 24 hours if the injury did not result in serious bodily injury.</p> <p>On 12/19/24 at approximately 5:55 p.m., 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 prior to survey exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40711</p> <p>Based on resident record review, staff interviews and facility document reviews, the facility staff failed to notify the Office of the State Long-Term Care Ombudsman in writing of discharges for one (1) resident (Resident #32) in the sample of 74 residents.</p> <p>The findings included:</p> <p>Resident #32 was originally admitted to the facility 11/17/22 and readmitted [DATE] after an acute care hospital stay. The current diagnoses included; Peripheral Vascular Disease, unspecified.</p> <p>The significant change, annual quarterly, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 06/29/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 7 out of a possible 15. This indicated Resident #32 cognitive abilities for daily decision making were severely impaired.</p> <p>According to the Admission/Discharge Report Resident #32 was discharged to the hospital on 6/10/24.</p> <p>The Discharge MDS assessment was dated for 06/10/24 - discharged assessment - return anticipated.</p> <p>The Re-entry MDS assessments was dated for 06/29/24 - return from local hospital.</p> <p>On 12/19/24 at approximately 3:38 PM., an interview was conducted with the Social Services Worker (SSW) concerning Resident #32. The SSW said that no Ombudsman notifications were sent out due to the facility not having a Social Worker at the time and it was the SSW responsibility.</p> <p>On 12/19/24 at approximately 5:55 P.M., 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 prior to survey exit.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199</p> <p>Based on observation, staff interview, facility documentation review, and clinical record review the facility staff failed to develop and implement a comprehensive care plan for 4 Residents (Residents #117, #379, #91 and #39) in a survey sample of 74 Residents.</p> <p>The findings included:</p> <p>1. For Resident #117, the facility staff failed to derive and implement a comprehensive care plan for prevention of significant weight loss and dehydration, Pressure sores, Hospice, and provision of ADL (Activities of Daily Living) care.</p> <p>Resident #117 was originally admitted to the facility on [DATE], and was hospitalized 10 days later on [DATE] for a colonic hemorrhage caused by a Stercoral ulcer (impacted hard stool at the anus and distal rectum) which pierced the bowel wall, after having had no bowel movements. The ulcer/perforation of the bowel wall resulted in blood loss requiring 2 blood transfusions according to hospital records.</p> <p>The Resident was again sent out to the hospital on [DATE] through [DATE] for a severe urinary tract infection causing sepsis and septic shock, and acute kidney injury which was reversed successfully in the hospital with IV (intravenous) fluids for dehydration and IV antibiotics.</p> <p>Resident #117 had a medical diagnosis history including; Congestive heart failure with diuretic use, unspecified dementia without behaviors, hypertension, depression, anxiety, dysphagia, gastro-esophageal reflux disease, and cardiac disease.</p> <p>Resident #117's most recent Minimum Data Set (MDS) assessment was a Significant change assessment with an assessment reference date of [DATE]. Resident #117 had a Brief Interview of Mental Status score of 99 indicating severe cognitive impairment. He was dependant on staff for eating, bathing and personal hygiene. He was coded to have no skin impairment, and at risk for skin impairment. He was coded with no weight loss (which was incorrect), a weight of 123 pounds, no swallowing difficulty, and having a mechanically altered diet.</p> <p>The only previous MDS assessment to the [DATE] MDS was dated [DATE], and was the Resident's admission assessment. This MDS had not been signed as completed until [DATE], and submitted late. The document revealed the Resident's weight at that time to be 139 pounds. This indicated a greater than 10% weight loss in the previous 2 months. It is notable to mention that the Resident was admitted with a weight of 145.3 pounds on [DATE]. This revealed a significant weight loss of 22.3 pounds since admission, equaling a greater weight loss than 15% in the 3 month period from admission to the current survey which was well documented in the clinical record.</p> <p>Before hospitalization and after hospitalization the Resident's diet remained the same. Regular diet, Dysphagia pureed texture, thin consistency. On [DATE] mighty shakes 4 ounces was ordered at bedtime for a supplement. No other diet changes nor supplements were ever ordered during the Resident's stay.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Resident was observed during initial tour of the facility on [DATE] immediately following a shower room observation with Resident #117's room mate. The room tour included but was not limited to the following being observed;</p> <p>A urine soaked bathroom, a pervasive smell of urine and feces in the room and on the entire unit.</p> <p>The floor of the room was sticky and made a sucking sound as one walked across it, and the base board was peeling and drooping over in places. The floor was crusted with crumbs, brown debris, and black particles.</p> <p>The bed divider curtain had brown stains and smeared feces on it.</p> <p>Resident #117 was in bed covered with only a bed sheet with no blanket and wore no clothing nor gown, and only an incontinence brief under the bed sheet. The fitted bed sheet under the Resident had a yellow halo around the Resident which appeared to be dried urine with a strong odor. The Residents incontinence brief was obviously soaked with urine and wrinkled down at the waist with the heaviness of the liquid it contained. The Residents hair was matted to his head, greasy, dandruff lay in his bed and on his pillow, and body odor/sweat could be clearly smelled.</p> <p>During the entire survey Resident #117 was never observed during the day shift out of bed, and asked the surveyors often for something to drink stating Please, Please bring me some water I'm so thirsty. The Residents lips were noted to be cracked and dry, and his eyes were sunken. His skin was flaking and dry and when the skin on his hand was examined it tented when pulled gently in an upward fashion and stayed that way. His mucus membranes were sticky and when he spoke his lips would stick together with thick saliva briefly. He constantly complained my butt hurts, my butt hurts. Staff were made aware that the Resident was thirsty, and complaining of butt pain. Staff stated they would have the NP look at him.</p> <p>On [DATE] the Resident was assessed by the Registered Nurse Practitioner (NP) and found to have a stage 3 sacral pressure sore. Each day of survey the Resident was visited and observed to be in bed lying on his back or right side facing the window. No support devices and repositioning was ever observed.</p> <p>The Residents had no television, no clock, no telephone, no radio and the room had no personal items in it nor on the walls. Each room on the unit was then inspected by all surveyors and found to be in the same condition as Resident #117's room. There were no televisions in any room, and no water to drink in any room.</p> <p>Staff on the memory care unit were interviewed and asked why Resident #117 was not clean, they stated well, he refuses a lot, and (name) Resident #117 is hospice now and doesn't like to be moved much. Staff were taken to the Residents' room and #117 was asked if he would like a shower or bath, and he simply shook his head yes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>ADL (activities of daily living) care records were reviewed for Resident #117 and revealed that the Resident was totally dependant on one staff member. The document indicated that a bath was given every morning, however, the Resident was observed every day during survey and found to be dirty and unkempt with flaking skin, dandruff, greasy hair, and in a soiled bed with soiled linens. At times the Resident was found wearing only an incontinence brief, and at other times wearing a white stained T-shirt and also an incontinence brief. The Resident was never seen out of bed during daytime hours for the entire survey.</p> <p>On [DATE] A Certified Nursing Assistant (CNA) was found in the hallway after Resident #117 was found begging for water. The CNA brought in 120 milliliters of tea for the Resident, and was again told he asked for water. She stated oh he just wants to drink, not eat. The CNA was asked if she was aware that the caffeine in tea was a diuretic and could further dehydrate the Resident. She did not respond.</p> <p>On [DATE] the Kitchen manager was interviewed and stated that they did not keep track of percentages of meals and fluids consumed, and stated that the nursing staff were responsible for that. She was asked if she had decaffeinated tea on hand, and she stated she had decaf coffee but not tea.</p> <p>On [DATE] A CNA was interviewed and stated, he (Resident #117) went out to the hospital with altered mental status, low blood pressure, dehydration and a UTI (urinary tract infection), and when he came back he went on hospice. He's been in bed now since then. The Resident had actually returned on [DATE], and was not placed on hospice until [DATE] (one month later). The CNA was asked for his hospice notes, and she went to the LPN (Licensed Practical Nurse) unit manager with the surveyor accompanying her and asked for the notes. The LPN stated I will look for them, and later stated I don't have any. The entire clinical record was reviewed and no hospice notes were in the clinical record.</p> <p>Staff were then asked if hard copy notes could be located in a binder, and they stated they had no such binder. There was an observed notice taped to the Resident's closet door from the new social worker addressed to the hospice staff. The document instructed that the Resident's hospice supplies had been found in the general supply closet in the facility with normal inventory. The document instructed hospice staff to inform the nurses on the unit when hospice supplies were brought in for the Resident. It appeared that the facility staff and hospice staff were not communicating.</p> <p>On [DATE] from 11:30 AM until 1:00 PM a second surveyor was observing lunch service on the memory care secured unit until the meal was finished. Resident #117 was never fed, and his tray was removed from his room. The tray was placed back on the tray cart to return to the kitchen for disposal, untouched. The CNA was asked why he was not fed, and she replied oh he's hospice he don't want it. The Resident received no food, and no fluids from 9:00 AM breakfast to 5:00 PM dinner (8 hours). No water was in any Resident room on the secured unit during the entire survey.</p> <p>Resident #117's clinical record was reviewed. Weight documents all completed by chair scale revealed the following;</p> <p>[DATE] - 145.3 pounds on admission.</p> <p>[DATE] - 143.0 pounds out to hospital on [DATE] with bleeding, returned [DATE].</p> <p>[DATE] - 139.0 pounds</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[DATE] - 139.0 pounds</p> <p>[DATE] - 123.0 pounds</p> <p>[DATE] - 122.6 pounds</p> <p>No further weights were being recorded as staff stated well, he's hospice now, so no need really. The Resident was not placed on hospice until [DATE], (2 weeks later with no weights completed) and remained a Full Code CPR status.</p> <p>The Registered Dietician (RD) was called via cellular phone for interview and was unable to be contacted. A message was left on voicemail, however, surveyors received no call back. No RD notes were found in the clinical record, however, on [DATE] at 12:11 PM, the Administrator and Director of Nursing (DON) supplied the only note they had received from the RD dated [DATE] (8 days after returning from the hospital with sepsis and dehydration). The RD note was reviewed and revealed continued weight loss and the following 4 recommendations, none of which were followed:</p> <ol style="list-style-type: none"> 1. Consider benefit of appetite stimulant medication due to poor oral intake. 2. when poor oral intake less than 50% offer alternate meal options. 3. weekly weights for one month due to readmit. 4. RD to monitor for significant changes in weight poor oral intake or skin integrity and follow up as needed. <p>Staff were interviewed on [DATE] and asked what interventions could be offered to a Resident to prevent significant weight loss. The Director of Nursing (DON) provided two policies on Nutritional Management, and Weight Monitoring that documented the following;</p> <ol style="list-style-type: none"> 1. Nutritional Management. Nutritional Status includes both nutrition and hydration status. The document describes a systematic approach to optimize a Resident's nutritional status. Staff are to identify risk factors, evaluate and analyze assessment information, develop and consistently implement approaches, and monitor the effectiveness of interventions and to revise interventions as necessary which would be reflected in the Resident's plan of care. The document goes on to describe that a comprehensive assessment will be completed by the Registered Dietician (RD) within 72 hours of a change in condition to include persistent hunger, poor intake, or continued weight loss, or evidence of fluid loss. One intervention included diet liberalization, and feeding assistance. 2. Weight Monitoring. Significant unintended changes in weight (loss or gain) .may indicate a nutritional problem. A comprehensive nutritional assessment, The Nutritional Data Collection Tool will be completed and that information would identify risk which would then drive the care planning process development to include; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Identified causes of impaired nutritional status, reflect the Resident's personal goals and preferences, identify resident specific interventions, time frame and parameters for monitoring, be updated as needed during Resident's condition changes, interventions are ineffective, or new problems are identified, and be conducted as per professional standards. Residents with weight loss monitor weights weekly. Documentation will include notification of physician, if significant weight loss is identified the RD should be consulted to assist the interdisciplinary (IDT) care plan team with interventions who could initiate the care planning process, as well as the nursing department may initiate the care planning process. The IDT communicates care instructions to staff.</p> <p>On [DATE] the NP documented on a Wound Assessment Report location sacrum, 14 centimeter (cm) length x width total measurement of the wound, 0.1 cm deep date acquired [DATE] in house, wound status new, stage/severity Full Thickness, 20% granulation, 80% slough, Erythema peri wound (red and inflamed), exposed tissue Epithelium, Dermis. Treatment daily and as needed cleanse with wound cleanser, hydrogel primary treatment, dressing bordered gauze.</p> <p>The DON was asked if Foley catheters to keep skin dry and for intake and output assessments were available, and she stated yes. She was asked if formal protein supplements, fluids, diet changes, and moisture barrier creams, and positioning devices were available for Resident's with known significant weight loss and wounds and she stated yes. She was asked if she was aware that the mattress for Resident #117 was the same as the ones used for the ambulatory residents on the memory care unit, and she stated she was not aware of that. None of the above prevention strategies were afforded Resident #117 for prevention of further significant weight loss and the pressure sore indicating this ulcer was potentially avoidable. On [DATE] a redistribution air mattress was ordered for the Resident, however did not arrive until after his move to another unit on [DATE].</p> <p>On [DATE] Review and copy of Physician's orders revealed only 1 order for weight management;</p> <p>1. Mighty shake 4 ounces at bedtime was ordered by the physician on [DATE] after the Resident returned from the hospital after experiencing dehydration and sepsis. Mighty Shakes nutrition facts included; Only 220 calories per each 4 ounces which equals approximately 2 tablespoons of peanut butter which would contain 8 grams of protein whereas the mighty shake only had 6 grams. The Might Shake was not given on the following nights, with no reason documented as to why it was withheld;</p> <p>October - [DATE], [DATE].</p> <p>November - [DATE], [DATE], [DATE], [DATE].</p> <p>December - [DATE], [DATE], [DATE].</p> <p>The Care plan was reviewed and included focuses, goals and interventions for the following 4 areas (1. weight loss, 2. Pressure sores, 3. Hospice, 4. ADL care);</p> <p>1. (Weight loss), Malnutrition Risk related to history of rectal bleed constipation created on [DATE] with a goal to be free of significant weight changes through review date of [DATE]. A new care plan revision entry was created on [DATE], however, none of the interventions were ever changed, and none were added even after significant weight loss continued and a supplement was ordered on [DATE]. The care plan identified only the following (5) interventions, and never identified significant weight loss, only intake documentation and diet type were followed;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(1). Administer medications as ordered, observe for side effects and effectiveness alert MD (doctor) as needed.</p> <p>(2). Provide, serve diet as ordered. Monitor intake and record every meal.</p> <p>(3). RD to evaluate and make diet change recommendations as needed.</p> <p>(4). Receives a mechanical soft pureed diet, related to diagnosis.</p> <p>(5). weight per facility protocol/MD order.</p> <p>2. (Pressure sores), The Resident has actual impairment to skin integrity created on [DATE] with a goal to have no complications related to skin impairment through the review date of [DATE]. The Care plan was reviewed and included focuses, goals and interventions for potential for pressure ulcer development created on [DATE] related to Dementia and bowel and bladder incontinence. A new care plan entry was created on [DATE] which identified the first actual impairment to skin integrity with interventions for the (3) following items; No treatments were ever specified.</p> <p>(1). Follow facility protocols for treatment of injury.</p> <p>(2). Use caution during transfers and bed mobility to prevent striking arms, legs, and hands to avoid striking any sharp or hard surface.</p> <p>(3). Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate, and any other notable changes or observations.</p> <p>3. Hospice, (Resident name) is receiving hospice services from (name of company) and phone number, created on [DATE] with a goal of (Resident name) needs will be met through the next review period [DATE]. Interventions were for the following (2) items. No specific care was specified to be given by the hospice agency, nor by the facility to direct staff in the care required to be performed by each participant, and no collaboration/communication was ever documented between the 2 care givers.</p> <p>(1). Collaborate with all disciplines, family, Hospice to meet (Resident name) needs.</p> <p>(2). (Resident name) will be made comfortable.</p> <p>4. ADL Care, Has bladder incontinence related to dementia, unsteady gait, diuretic use created on [DATE], with a goal of The Resident will remain free of skin breakdown due to incontinence through the review date [DATE]. Interventions were for the following (4) items. The Resident was also incontinent of bowel, fluids were not encouraged leading to dehydration, bowel impaction, and hospitalization . The Resident was non-ambulatory, and only diagnostic testing ordered by a physician could be conducted to diagnose the causes of incontinence in the #(4) intervention.</p> <p>(1). Clean peri-area with each incontinence episode.</p> <p>(2). Encourage fluids during the day to promote prompted voiding responses.</p> <p>(3). Ensure the Resident has unobstructed path to the bathroom.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(4). Observe/report as needed any possible causes of incontinence, bladder infection, constipation, loss of bladder tone, weakening of control muscles, decreased bladder capacity, diabetes, stroke, medication side effects.</p> <p>The care plan was not Resident specific and did not specify feeding needs, supplements, diet changes, alternate diet changes, nor RD interventions. It did not specify any measures/interventions to be instituted to prevent a pressure sore from forming/worsening, like treatments, positioning devices and moisture barrier creams, or support devices. No treatments were specified for the care of a pressure sore after it developed and was identified at a stage 3. Hospice services were never care planned, and ADL care was never care planned for bathing, feeding, hygiene, and toileting as an interdisciplinary care plan team would be expected to produce. It is also notable to mention that the care plan was not derived by an interdisciplinary team and the only 2 individuals who were present for the most recent care plan update was the LPN (Licensed Practical Nurse) unit manager, and the Social Worker who was found to not have been vetted properly, and had insufficient qualifications for the Role.</p> <p>On [DATE] at 11:15 a.m., the Administrator, Director of Nursing, and Corporate Nurse were notified that the care planning for Resident #117 was insufficient to inform and drive care, not interdisciplinary, and not comprehensive per diagnosis and need of the Resident. The facility staff was given the opportunity to provide any further information or explanation. They stated they had no further information.</p> <p>On [DATE], prior to the survey exit the Director of Nursing informed surveyors that Resident #117 and his room mate had been moved back onto regular units last night ([DATE]).</p> <p>At the time of survey exit on [DATE] the facility Administrator, and Director of Nursing stated they had nothing further to provide.</p> <p>40026</p> <p>2. For Resident #379 the facility staff failed to ensure the Resident had a care plan that included interventions for prevention of pressure ulcers.</p> <p>Resident #379 was admitted to the facility on [DATE] with diagnoses that included but was not limited to sepsis, CVA malnutrition, metabolic encephalopathy, dysphagia, Alzheimer's disease, dementia, acute kidney failure, atherosclerotic heart disease, hypothyroidism, hypertension and insomnia. Resident #379 was dependent on g-tube feedings for nutrition. The discharge instructions stated that the Resident skin on discharge was warm and dry with no mention of open areas, wounds or pressure sores.</p> <p>On [DATE] a review of the clinical record revealed that the Admission Screening done on [DATE] section C showed skin normal, dry and no open areas. His Braden Scale for Predicting Pressure Sore Risk score was 13 indicating he was a moderate risk for development of pressure sores. The MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of [DATE] coded Resident # 379 as being dependent on staff for turning repositioning and all aspects of ADL (Activities of Daily Living) care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] a review of the clinical record revealed that Daily Skin Assessment document dated [DATE] was not filled out. The Weekly Skin Assessment document dated [DATE] was not filled out, however the following pressure injuries were documented in the clinical record:</p> <p>Left Heel DTI (Deep Tissue Injury)</p> <p>Left Lateral Ankle DTI</p> <p>Right Foot DTI</p> <p>Right Lateral Ankle DTI</p> <p>On [DATE] a review of the clinical record revealed that the comprehensive care plan was started on [DATE] read as follows:</p> <p>FOCUS:</p> <p>(Name redacted) has DTI pressure ulcer to left hell, [sic] left lateral ankle, right later ankle pressure or potential for pressure ulcer and potential for skin breakdown development r/t Dehydration, disease process, incontinence, Hx of ulcers, Immobility. Date Initiated: [DATE] Created on: [DATE].</p> <p>GOAL:</p> <p>Pressure ulcer will show signs of healing and remain free from infection by/through review date. Date Initiated: [DATE]</p> <p>Target Date: [DATE]</p> <p>INTERVENTIONS:</p> <p>Administer medications as ordered. Observe/document for side effects and effectiveness. Date Initiated: [DATE]</p> <p>Created on: [DATE]</p> <p>Administer treatments as ordered and observe for effectiveness. Date Initiated: [DATE]Created on: [DATE]</p> <p>Follow facility policies/protocols for the prevention/treatment of skin breakdown. Date Initiated: [DATE] Created on: [DATE]</p> <p>If the resident refuses treatment, confer with the resident, IDT and family to determine why and try alternative methods to gain compliance. Document alternative methods. Date Initiated: [DATE] Created on: [DATE]</p> <p>Inform the resident/family/caregivers of any new area of skin breakdown. Date Initiated: [DATE] Created on: [DATE]</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] an interview was conducted with the DON who was asked the purpose of a care plan. The DON answered that the care plan should direct all aspects of the Residents care. When asked if this included pressure ulcer prevention for a non ambulatory Resident who is dependent on staff for all aspects of ADL care. She stated that all Resident who have limited mobility should have pressure ulcer prevention in the care plan. When asked if that was done in the case of Resident #379 she stated that according to the care plan Resident #379 did not have interventions in place until after he developed pressure areas.</p> <p>On [DATE] during the end of day meeting the Administrator was made aware of the findings and no further information was provided.</p> <p>34894</p> <p>3. For Resident # 91, the care plan was not resident-centered to describe issues or behaviors related to Resident # 91 refusing to allow bedding/linens to be placed on the bed.</p> <p>Resident # 91 was admitted to the facility on [DATE]. Diagnoses included but were not limited to: Cerebral Infarction, Hypertension, Anxiety Disorder, Hemiplegia and Vascular Dementia.</p> <p>The most recent Minimum Data Set (MDS) was an Annual Assessment with an Assessment Reference Date (ARD) of [DATE]. Resident # 91's BIMS (Brief Interview for Mental Status) Score was a 14 out of 15, indicating no cognitive impairment. Resident # 91 required assistance with Activities of Daily Living.</p> <p>Review of the clinical record was conducted on [DATE]-[DATE].</p> <p>During observations on all of the days of the survey, there was no sheet on the mattress nor linens on the bed at any time. Resident # 91 was observed lying in the bed with no sheet or bedding covering the mattress. The resident was lying on the uncovered vinyl mattress.</p> <p>On [DATE], at approximately 03:45 PM, Resident #91 was observed walking into his room. Bed observed unmade no sheets. Air condition unit set at 62 degrees. Resident states I don't want sheets on my bed its too hot. Everyone here knows not to put sheets on my bed and to keep my curtain drawn.</p> <p>Review of the care plan revealed no documentation of a concern or problem regarding Resident # 91 not wanting sheets or any bedding/linens on the bed.</p> <p>Review of the Progress Notes revealed no documentation about Resident # 91 refusing to allow the staff to put sheets/linens on the bed.</p> <p>During the end of day debriefing on [DATE], the Administrator and Director of Nursing were informed of the findings that the care plan was not resident specific for Resident # 91. The Director of Nursing stated the care plan should represent any concerns or issues involving the resident and should have had documentation about the resident refusing to allow linens on the bed.</p> <p>No further information was provided.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. For Resident # 39, the facility staff failed to develop and implement a resident-centered care plan regarding the problem of a Candida infection.</p> <p>Resident # 39 was admitted to the facility on [DATE] with the diagnoses of, but not limited to, Chronic Obstructive Pulmonary Disease, Emphysema, Primary Hypertension, Anxiety, Depression, Gastroesophageal Reflux Disease, Barrett's Esophagus, Dysphagia and Insomnia.</p> <p>The most recent Minimum Data Set (MDS) was a Quarterly Assessment Quarterlywith an Assessment Reference Date (ARD) of [DATE]. Resident # 39's BIMS (Brief Interview for Mental Status) Score was a 15 out of 15, indicating no cognitive impairment.</p> <p>Review of the clinical record was conducted on [DATE]-[DATE].</p> <p>Review of the care plan revealed documentation of a problem stating the resident has Candida infection. The location of the infection was not noted. The Goal was written as will remain free from infection through the review date. The intervention was Observe, document report PRN (as needed) signs and symptoms of infection, fever, redness, drainage or swelling around wounds or catheter sites, cough, dysuria, hematuria, flank pain, and foul smelling urine.</p> <p>Review of the Progress Notes revealed documentation of the following:</p> <p>[DATE]- Nurse Practitioner note- On page 591 of 702 seen for follow up of complaints of burning and itching. Patient was recently checked for UTI (urinary tract infection) discussed with patient her recent lab results and negative findings. However, patient complained of discharge itching and irritation to her groin area discussed with patient starting medications for concerns with the yeast she verbalized understanding . The note documented on page 597 of 702 a genitourinary exam was deferred due to positive suprapubic tenderness to palpation. On page 598 of 702, the diagnosis was listed as Candida Infection. The plan was listed patient start with Diflucan for Candida Infection 150 mg by mouth x 3 days monitor closely notify provider if any persistent complications maintain adequate hygiene assist patient with her laundry continue supportive care . The note was signed by the Nurse Practitioner on [DATE] at 7:04 p.m</p> <p>[DATE] at 10:56 a.m. the Nursing Progress note was written stating- resident complaining of itching in private area, Patient completed Fluconazole today [DATE] as prescribed by doctor. Patient stated it is not helping I feel like I could itch my privates with a hairbrush. After I use the bathroom in the morning, it feels like a relief but only briefly. I am itching and uncomfortable. Reassured resident that NP will be notified of persistent discomfort. NP notified, will continue to monitor at this time.</p> <p>[DATE] at 6:12 p.m., Nursing Progress Note Patient states 'The problem in my vagina area is 60% better than it was yesterday. Notified NP that the issue is getting better. [DATE] at 8:43 p.m.-Nurses Progress Note stated the Resident complained of severe vaginal itching with some light-yellow discharge. Encourage fluid intake and personal hygiene. Notified NP-awaiting assessment. Resident accepting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[DATE] at 1:00 a.m.-NP encounter visit- stated resident was seen for follow up of vaginal itching and irritation. The note stated the resident had complications of a Candida infection and had been treated with Diflucan for 3 days. However, patient complains of some ongoing itching and irritation. Discussed with patient will recommend possibly a topical agent- On assessment she does not have any odorous discharge she does have some redness externally,,,</p> <p>On [DATE] at 3:20 p.m., an interview was conducted with Licensed Practical Nurse # 1 who stated the care plan should reflect the problems affecting the resident. Licensed Practical Nurse # 1 stated the nursing staff use the care plan as a guide for providing care to the residents. She also stated interventions should be written that would help to resolve the problem. Licensed Practical Nurse # 1 stated the nurses should monitor the residents to see if the interventions were helpful and if the issue was resolved.</p> <p>The care plan did not specifically address the location of the Candida Infection. There was no mention of the severe vaginal itching and irritation that Resident # 39 was experiencing. There were no specific interventions related to resolving the problem. The care plan appeared to be from a template but not resident specific.</p> <p>During the end of day debriefing on [DATE], the Administrator and Director of Nursing were informed of the issues of the care plan not being person-centered. The Director of Nursing stated the care plan should represent any concerns or issues involving the resident and should have interventions to address the issue/problem.</p> <p>No further information was provided.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34894</p> <p>Based on observation, resident interview, staff interview, clinical record review and facility documentation review, the facility staff failed to follow the professional standards of quality for four (4) residents (Resident #'s 326, 91, 128 and 48) in survey sample of 74 residents.</p> <p>Findings included:</p> <p>1. For Resident # 326, the facility staff failed to ensure wound care was provided as ordered by the physician.</p> <p>Resident # 326 was a [AGE] year old admitted to the facility on [DATE], with diagnoses that included but were not limited to: Calciphylaxis a rare serious disease that involves build up of calcium in small blood vessels of fat tissue and skin. People with the disease usually have kidney failure or receive dialysis.</p> <p>The most recent MDS (Minimum Data Set) assessment was coded as an Admission assessment with an ARD (Assessment Reference Date) of [DATE]. The BIMS (brief interview for mental status) was coded as 15 out of possible 15 indicating no cognitive impairment. The assessment also coded Resident # 326 as requiring assistance with activities of daily living;</p> <p>Review of the clinical record was conducted on [DATE] to [DATE].</p> <p>Review of the clinical record revealed documentation of wound care not being provided for Resident # 326 as ordered by the physician. There was missing documentation of wound care being administered 6 times during the stay at the facility. The missing documentation of wound care included the following dates: [DATE] at 8 p.m., [DATE] at 8 a.m. and 8 p.m., [DATE] at 8 a.m. and 8 p.m., and [DATE] at 8 a.m.</p> <p>Left breast wound cleanse with DWC (Dakin's Wound Cleanser) pack BID (twice a day) with Dakin's solution cover with Mepilex or Border gauze</p> <p>two times a day for wound care</p> <p>-Start Date-</p> <p>[DATE] 2000</p> <p>-D/C Date-</p> <p>[DATE] 1315</p> <p>Scheduled BID (twice a day) for 8 a.m. and 8 p.m.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 9:45 a.m., an interview was conducted during Medication Pour and Pass Observation with Licensed Practical Nurse # 1 who stated medications and treatments should be signed off at the time of administration. She stated there should be no blanks in the documentation because there was a code for refusals. Any blanks would be an indication the administration did not occur. She stated the nurse could also write a progress note about any refusals.</p> <p>On [DATE] at 2:10 p.m., an interview was conducted with the Director of Nursing who stated the Wound care specialist made rounds weekly on the residents with wounds. The Director of Nursing stated wound care was expected to be provided as ordered by the Physician.</p> <p>Review of the Weekly skin Assessments revealed assessments were done on [DATE] and [DATE].</p> <p>Wound care Specialist's notes revealed wound care assessments were done on [DATE] and [DATE].</p> <p>Review of note of the Wound Care Specialist's evaluation on [DATE] at 8:34 a.m. revealed the following description:</p> <p>Location: left breast</p> <p>Wound ID: _____ (redacted)</p> <p>Measurements</p> <p>Length: 2.67 cm (centimeters) -- Red: 13.23 cm² --</p> <p>Width: 7.70 cm -- Black: 0.00 cm² --</p> <p>LxW: 20.56 cm² -- Yellow: 0.21 cm² --</p> <p>Depth: -- -- Pink: 3.11 cm² --</p> <p>Total: 16.56 cm² -- Other: 0.00 cm² --</p> <p>Observations</p> <p>% granulation 100.00</p> <p>Depth (cm) 0.20</p> <p>----- Calciphylaxis</p> <p>Other Normal saline wet to dry gauze BID</p> <p>Wound Status Present on admission</p> <p>Acquired in House? No</p> <p>Etiology Other</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Margin Detail Attached edges</p> <p>Drain Amount Moderate</p> <p>Drain Description Serosanguinous</p> <p>Odor No Odor</p> <p>Periwound Intact</p> <p>Pain 4</p> <p>Dressing Change Frequency BID</p> <p>Cleanse Wound With Wound Cleanser</p> <p>Dressings Other: See Notes</p> <p>Secondary Dressing Bordered gauze</p> <p>PUSH Score 0</p> <p>Signature</p> <p>Review of note of the evaluation on [DATE] at 8:11 a.m. revealed the following description:</p> <p>Length: 9.77 cm (+265.7) Red: 25.99 cm² (+96.4)</p> <p>Width: 3.80 cm (-50.7) Black: 0.00 cm² (+0.0)</p> <p>LxW: 37.13 cm² -- Yellow: 0.00 cm² (-100.0)</p> <p>Depth: -- -- Pink: 2.01 cm² (-35.5)</p> <p>Total: 28.00 cm² (+69.1) Other: 0.00 cm² (+0.0)</p> <p>Observations</p> <p>% granulation 100.00</p> <p>Depth (cm) 0.20</p> <p>----- Calciphylaxis</p> <p>Other Normal saline wet to dry gauze BID</p> <p>Wound Status Worsening</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Acquired in House? No</p> <p>Etiology Other</p> <p>Additional woundbed details Bleeding</p> <p>Margin Detail Attached edges</p> <p>Drain Amount Heavy</p> <p>Drain Description Sanguinous</p> <p>Odor No Odor</p> <p>Periwound Intact</p> <p>Pain 4</p> <p>Dressing Change Frequency BID</p> <p>Cleanse Wound With Wound Cleanser</p> <p>Dressings Other: See Notes</p> <p>Secondary Dressing Bordered gauze</p> <p>PUSH Score 0</p> <p>Review revealed the Wound Care Specialist evaluated the wound on [DATE] and described it as worsening and with heavy sanguinous drainage. Resident # 326 was transferred emergently to the emergency roaignom on [DATE] with complaints of bleeding from the left breast and hypotension, Resident # 326 ultimately expired in the hospital on that same day.</p> <p>There was documentation that there was a lack of wound care provided as ordered by the physician. Two days prior to the day Resident # 326 was transferred emergently to the hospital, wound care was not provided three times consecutively ([DATE] at 8 a.m., [DATE] at 8 p.m. and ,d+[DATE]/ 2023 at 8 a.m.) The documentation during the week prior revealed there had been three consecutive times when wound care was not provided (on [DATE] at 8 p.m., [DATE] at 8 a.m. and 8 p.m.)</p> <p>During the end of day debriefing on [DATE], the Facility Administrator and Director of Nursing were informed of the findings.</p> <p>No further information was provided.</p> <p>2. For Resident # 91, the facility staff failed to follow professional standards regarding Medication Administration by leaving medications at the bedside.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident # 91 was admitted to the facility on [DATE]. Diagnoses included but were not limited to: Cerebral Infarction, Hypertension, Anxiety Disorder, Hemiplegia and Vascular Dementia.</p> <p>The most recent Minimum Data Set (MDS) was an Annual Assessment with an Assessment Reference Date (ARD) of [DATE]. Resident # 91's BIMS (Brief Interview for Mental Status) Score was a 14 out of 15, indicating no cognitive impairment. Resident # 91 required assistance with Activities of Daily Living.</p> <p>Review of the clinical record was conducted on [DATE]-[DATE].</p> <p>During the initial tour on [DATE] at approximately 2:10 p.m., a medication cup with two white pills was observed on the overbed table by the bed by the window. The pills were white in color; one was oval and the other was round in shape. The resident was not in the room when the surveyor walked into the room.</p> <p>There was no nursing staff member in the hallway when the surveyor looked for someone to ask about the medications.</p> <p>After approximately 8 minutes, a facility staff member was observed in the hallway. She identified herself as the Admissions Coordinator. She was asked if she knew who resided in the room. She identified the resident's name as Resident # 91. The Admissions Coordinator stated she would find a nursing staff member.</p> <p>At 2:23 p.m., Resident # 91 entered the room as the Admissions Coordinator was leaving the room. When asked about the medication in the cup, Resident # 91 stated that was the medicine from this morning. He stated that he told the nurse he was going to take it. Resident # 91 stated he wanted to take his time taking his medications. He stated he was not sure of the kind of pills but thought one was Trazadone.</p> <p>On [DATE] at 2:34 p.m., an interview was conducted with the Unit Manager, LPN (Licensed Practical Nurse)- # 1 who stated there was no self administration by any residents on the unit. She stated none of the residents on the unit had assessments with orders for self administration of medications. The Unit Manager stated medications should be documented at the time of administration and/or any refusals should be documented immediately. She stated the nurse should observe the resident consume the medications and that medications should never be left at the bedside for the resident to consume later.</p> <p>On [DATE] at 2:39 p.m. an interview was conducted with the nurse (LPN-3) scheduled to pass medications on that day. LPN-3 stated she administered the morning medications for Resident # 91. LPN-3 stated the medications in the medication cup were not the medications scheduled for administration in the mornings. She stated she observed Resident # 91 consume the medications she prepared for him that morning. LPN-3 stated she did not see that medication cup with those two medications on the overbed table when she administered the medications that morning. LPN-3 stated that the expectation was for medications to be documented at the time of administration. She stated that if the resident refuses to take the medication, the medication should be taken back to the medication cart, discarded and the nurse should document the refusal in the clinical record. LPN-3 stated medications should not be left at the bedside.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Administrator came to Resident # 91's room with the surveyor. The Administrator observed the medication cup on the overbed table and asked Resident # 91 where the medications had come from. Resident # 91 told the Administrator that medications were from that morning and that he would take them right then. The Unit Manager informed Resident # 91 that the staff needed to determine which medications were in the medicine cup.</p> <p>The Unit Manager and Administrator removed the medications from the room.</p> <p>LPN # 3 and the Unit Manager reviewed the [DATE] Medication Administration Record and the Medication pill cards (blister packs) to compare with those medications found at the bedside. They determined that the two pills were two medications that were scheduled to be administered at bedtime at 2100 (9:00 p.m.): Atorvastatin 40 mg (milligrams) give one tablet by mouth at bedtime for hyperlipidemia and Melatonin 3.1 mg (milligrams) give one tablet by mouth at bedtime for insomnia.</p> <p>Review of the [DATE] Medication Administration Record revealed the two medications had been documented as administered every night except when refused by the resident on [DATE] and [DATE].</p> <p>The Unit Manager discarded the medications that were in the medication cup. She stated she did not know when the medications had been left at the bedside.</p> <p>During the end of day debriefings on [DATE] and [DATE], the Administrator, Director of Nursing and Regional Nurse Consultant were informed of the findings. They stated medications should not be left at the bedside unless a resident has been assessed for self administration of medications. A copy of the medication administration policy was requested.</p> <p>The copy of Medication Administration Policy was received on [DATE].</p> <p>Review of the Medication Administration Policy dated [DATE], reviewed and revised [DATE], on page 1 of 2, revealed the following policy statement: Medications are administered by licensed nurses or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice . Under Policy Explanation and Compliance Guidance were the following excerpts:</p> <p>15. Observe resident consumption of medication. and</p> <p>17. Sign MAR after administered . and</p> <p>19. Report and document any adverse side effects or refusals.</p> <p>According to Lippincott Nursing Procedures, Eighth Edition, Chapter 2, Standards of Care, Ethical and Legal Issues, on page 17 read, Common Departures from the Standards of Nursing Care. Claims most frequently made against professional nurses include failure to make appropriate assessments, follow physician orders, follow appropriate nursing measures, communicate information about the patient, follow facility policy and procedures, document appropriate information in the medical record .</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Guidance from the National Institutes of Health in the article The nurses medication day stated that Nurses serve as a barrier, protecting residents from potential hazards. Calls were also common to request 'missing meds' (medications) followed by waits until they were delivered. Waiting reflected system failures</p> <p>ncbi.nlm.nih.gov accessed [DATE].</p> <p>During the end of day debriefings on [DATE], the Administrator, Director of Nursing and Regional Nurse Consultant were informed of the findings.</p> <p>No further information was provided.</p> <p>49917</p> <p>3. Resident #128 was no longer a resident of the facility; therefore, a closed record review was conducted. Resident #128 was originally admitted to the facility [DATE]. The diagnoses included; unspecified dementia, chronic kidney disease, essential hypertension, anorexia, and muscle weakness.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of [DATE] coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 01 out of a possible 15. This indicated Resident #128's cognitive abilities for daily decision making were severely impaired.</p> <p>A review of Resident #128's nurses note dated [DATE] at 9:50 AM read that Resident #128 was found on the floor in the dining room. The nurses note further read that a 1.5cm open area to the left forehead was cleansed and the area was covered with a 2x2 adhesive dressing.</p> <p>On [DATE] at 12:45 PM an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated that no neuro-checks were conducted for Resident #128 following the unwitnessed fall that occurred on [DATE]. The ADON also stated that it is standard nursing protocol for neuro-checks to be conducted after a resident has an unwitnessed fall and neuro-checks should have been conducted on Resident #128 after the unwitnessed fall on [DATE].</p> <p>The Facility's Fall Prevention Program document with a revision date of [DATE] read:</p> <p>When any resident experiences a fall, the facility will:</p> <p>i. Begin neurologic assessment using Neurological Record assessment tool in PCC</p> <p>Tool 3N: Postfall Assessment, Clinical Review: Record vital signs and neurologic observations at least hourly for 4 hours and then review. Continue observations at least every 4 hours for 24 hours, then as required.</p> <p>Notify treating medical provider immediately if any change in observations (https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/postfall-assessment.html).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at approximately 6:25 p.m., a final interview was conducted with the Regional [NAME] President of Operations, Administrator, Regional Nursing Consultant, Regional MDS Consultant, Director of Nursing, Assistant Director of Nursing, and Owner. 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.</p> <p>34306</p> <p>4. The facility's staff failed to obtain vital signs prior to transferring Resident #48 to a local hospital's emergency room (ER).</p> <p>Resident #48 was originally admitted to the facility [DATE] and readmitted [DATE] after an acute care hospital stay. The current diagnoses included a stroke with right hemiparesis, dysphagia causing pulmonary aspiration, enteral feedings are required.</p> <p>The annual Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of [DATE] coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 14 out of a possible 15. This indicated Resident #14's cognitive abilities for daily decision making were intact.</p> <p>A review of a nurse's notes dated [DATE] 9:30 PM stated Resident #48 was admitted to a local hospital for pneumonia. A further review of the nurse's note revealed that on [DATE] at 1:04 PM the resident experienced a change in condition and the following vital signs were charted, the resident's weight was obtained by a Hoyer lift scale on [DATE] at 7:04 PM and it was 172.0 pounds, all of the following vital signs were obtained on [DATE] at 11:59 PM; blood pressure in the left arm while lying down was ,d+[DATE], the pulse was regular at 89 beats per minute, his respirations were 18 breaths per minute, a non-contact temperature of his forehead was 98.6 a pulse oximetry reading of 98.0 % on room air, and a blood glucose reading of 139 obtained on [DATE] at 6:27 AM.</p> <p>The nurse did not document any vital signs were obtained at the time the resident's change in condition was identified and the above vital signs were recorded on the document conveyed to the receiving hospital's emergency room staff.</p> <p>A review was also conducted of the primary Nurse Practitioner's (NP) documentation dated [DATE] 1:45 PM. The NP's note stated Resident #45 was found leukocytosis and poor oral intake. The NP's note included a chronological review of vital signs but, there were not a set of vital signs obtained on [DATE] prior to the resident's transfer to a local hospital.</p> <p>Under the NP's Assessment and Plan was the following data, elevated white blood cell count, unspecified; resident continues to have leukocytosis despite negative chest x-ray, urine, and blood cultures. Kidney, Ureter, and Bladder (KUB) was negative for ileus. Discussed with patient's daughter who requested transfer to ER. Patient being sent to ER per family request for further evaluation and management of persistent leukocytosis.</p> <p>Further down in the NP note, she stated tachycardia unspecified, heart rate noted to be tachycardic on examination. No chest pain or discomfort reported. Discussed with resident's daughter who requested transfer to ER. Patient being sent to ER per family request for further evaluation and management of tachycardia. The tachycardia rate per minute was not documented so increases or decreases could not be evaluated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the NP on [DATE] at 2:04 PM. The NP stated that she assessed the resident, and she considered Resident #48 ongoing issues were stable with acute issues therefore she simply charted the tachycardia. The NP further stated all the test she had requested came back negative and she was continuing to monitor the resident's poor nutritional intake, the leukocytosis and the failure to thrive. The NP did not obtain vital signs at the time of her assessment of resident or prior to the transfer to the local ER for evaluation.</p> <p>On [DATE] at approximately 2:50 P.M., a final interview was conducted with the Administrator, Director of Nursing, and three Corporate Nurse Consultants. The above information was conveyed to the administrative staff, they all looked at each other but voiced no comments/concerns regarding the above findings.</p> <p>An interview was also conducted with the Medical Director (MD) on [DATE] at 1:55 PM. The MD stated the NP would make an addendum to the progress note dated [DATE] to add in the tachycardia numbers. The MD also stated it is a professional standard which has not changed to obtain real time vital signs at the time of a change in condition and when a transfer to the hospital is necessary.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34306</p> <p>Based on a clinical record review and staff interview the facility staff failed to provide a resident with as much discharge information as possible at the time of discharge for one (1) of 74 residents (Resident #278), in the survey sample.</p> <p>The findings include:</p> <p>Resident #278 was admitted to the facility on [DATE] after a hospital stay and left the facility against medical advice on 11/9/22. The resident's diagnoses included end-stage renal disease with dialysis, diabetes, and infected left hip hardware.</p> <p>The 5-Day Medicare Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 11/9/22 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #278's cognitive abilities for daily decision making were intact. The resident required supervision after set-up with most of his activities of daily living.</p> <p>A review of the nurse's notes revealed on 11/8/22 at 4:57 PM the nurse received a call from the Resident #278's sister because the resident desired to be discharge immediately from the facility. The nurse's note further stated that the nurse informed the resident and the sister that a discharge at this time would be considered against medical advice (AMA) and both voiced understanding.</p> <p>The nurse's note also stated that the resident requested his prescriptions and to go medications and the resident was informed that if he leaves AMA no medications, prescriptions or orders would be given, therefore the resident stated he would use what medications he already had at home. Failure to provide the resident with current medication orders and the hospital's discharge summary may have resulted in the resident resuming medications which were discontinued or started while in the hospital.</p> <p>The nurse's note stated Social Services was notified of the resident's decision and Social Services was unable to get the resident to stay long enough for his discharge to be planned, for the resident continued to voice that he desired to discharge at this time. The nurse completed the AMA document, and it was signed by the resident, and he waited for transportation arranged by his family. A nurse's note dated 11/8/22 at 6:03 PM stated the resident left AMA at 5:30 PM. The facility's staff failed to obtain as much information as possible to promote continuity of care and the best wellbeing for the resident.</p> <p>On 12/19/24 at approximately 6:00 P.M., a final interview was conducted with the Administrator, Director of Nursing, Assistant Director of Nursing, the Owner and three Corporate Nurse Consultants. No concerns were voiced.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40026</p> <p>Based on interview clinical record review and facility documentation the facility staff failed to ensure residents receive treatment and care in accordance with professional standards of practice for one (1) Resident (#376) in a survey sample of 74 Residents, which resulted in harm.</p> <p>The findings included:</p> <p>For Resident # 376 the facility staff failed to ensure follow up on lab work which led to the resident having to be hospitalized for a blood glucose of over 900, this is harm.</p> <p>On 12/13/24 a review of the clinical record revealed that Resident #376 was admitted to the facility on [DATE] with diagnoses that included but were not limited to dialysis dependent end stage renal disease, myocardial infarction, hemiplegia / hemiparesis following CVA (Cerebral Vascular Accident), hypertension and generalized muscle weakness. Resident #376's most admission MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 10/11/22 coded Resident #376 as having a BIMS (Brief Interview of Mental Status) score of 13 / 15 indicating mild cognitive impairment.</p> <p>A review of the clinical record revealed that there were discrepancies in the discharge orders from the hospital. The following excerpts are from the physician progress notes:</p> <p>10/6/22 1:00 p.m. - Clarification with nurse: d/c [discharge] med list has pt on Lokelma weekly, [Electronic Health Record name redacted] med list does not have pt on Lokelma weekly also calcium acetate missing from PCC orders, also metoprolol is 50 mg on d/c med list but 25 mg in [EHR name redacted] (d/w nursing so corrections can be made).</p> <p>10/10/22 1:00 p.m. - Chief Complaint / Nature of Presenting Problem: Patient reports a diabetic patient reports receiving insulin and blood sugar checks throughout the day.</p> <p>History Of Present Illness:</p> <p>[AGE] year-old male seen per staff request indicated he is a diabetic blood sugars throughout the day as well as insulin. On arrival patient was sitting. Discussed with patient regarding his concerns. Reviewed hospital charts information indicating patient was a diabetic. Patient indicated he was insulin dependent.</p> <p>10/16/22 7:30 p.m. - patient has some cognitive impairment however indicated he received insulin in the past will obtain hemoglobin A1c Plan: Patient indicated that the mail he received was in correct concerns for other following underlying conditions will obtain lab overview patient indicated he was a diabetic was taken other medication 1 he was homeless. Patient indicated he was on insulin however he was homeless and indicated that he moved from New York. Patient does have some cognitive impairment for further overview will obtain labs to establish baseline</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>10/17/22 1:00 p.m. - Patient reported that he was a diabetic however unable to identify hemoglobin A1c any labs indicating that patient is diabetic. Labs were ordered multiplications however patient refused because he receives dialysis receives labs at the dialysis unit. Discussed with patient additional labs are needed to determine his overall health and chronic disease. He verbalized understanding and agreed to receive lab work. Discussed with dialysis unit regarding patient's labs and asked him to add additional labs to help reduce with invasive treatment for patient she verbalized understanding nursing staff printed out labs and provided to staff. Patient denies any further complaints or concerns at this time we will continue to monitor patient closely he continues to progress with physical and Occupational Therapy further evaluation conducted he has not required any rehospitalization or any antibiotic course since his rehabilitation stay, he has a good nutritional intake we will continue to monitor.</p> <p>10/25/22 1:00 p.m. Patient has some concerns regarding diabetes his hemoglobin A1c was obtained waiting for results from dialysis. The blood sugars remained stable 100 he denies any further complaints or concerns at this time no increased pain or discomfort. Tolerating dialysis. Further evaluation conducted.</p> <p>1/8/23 3:15.m.- Note Text: @ 1445 can noted resident's speech unclear, & trying to eat but is drooling from right side of mouth, full body check completed resident lungs clear, BS hyperactive, resident noted w/ loose stools, eyes dilated, BP 180/88, 92,20, 98.8, O2 sat 94%, resident continue to try to communicate verbally, but speech unclear, Rt side face droop, On- call NP notified gave N/O to send resident to ER 911 for eval. Transfer summary, care plan, bed hold, med list sent w/ emt's, resident skin dry & intact, but confused upon exiting this facility, emergency contact (friend) notified no answer.</p> <p>On 12/11/24 a review of the clinical record revealed that on admission to the facility the Resident discharge paperwork from the hospital did not list diabetes as a diagnosis. The progress notes, however, did reflect the Resident telling the nurse and the Nurse Practitioner on several occasions that he was diabetic and took Lantus and Metformin daily. The Nurse Practitioner ordered labs including an HgbA1C on 10/11/22. A review of the clinical record revealed that there were no A1C lab results scanned into the record. A request was made to obtain the lab results from the on-site dialysis center. The results were obtained on 12/15/24 and revealed an A1C abnormal.</p> <p>On 12/15/24 at approximately 2:00 p.m. an interview was conducted with the DON who was asked if the nurses follow up on the labs and she stated that when the labs come in the doctor or NP usually sees them and signs off on them. She further said that if the nurses are made aware of a lab that is abnormal or critical value, they will notify the physician or NP. When asked why this abnormal A1C lab was not followed up on, she stated that the results were not received from the dialysis center.</p> <p>The surveyor requested medical records from the hospital and on 12/17 /24 the records received from the hospital revealed that Resident #378 did indeed have a diagnosis of diabetes since 2008. The Resident was sent out from the facility unresponsive via rescue squad on 1/8/24 and when arrived at the ER the Resident's blood sugar was over 900.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On the afternoon of 12/18/24 an interview was held with the Nurse Practitioner currently at the facility who stated that all the NP and physicians have access to the local Hospital's electronic health record. When asked if they could view a Resident record from an inpatient stay, she indicated that they could. When asked if the Resident's A1C lab was showing up in the system and she stated that she could not find it. She then stated she would get in touch with the onsite dialysis center to obtain the lab. She looked in the record and found that Resident #376 did have a diagnosis of diabetes and was admitted to the hospital from the facility on 1/8/23 through 1/18/23 with admitting diagnoses of hyperosmolar hyperglycemic state. The Resident did not return to the facility after his stay in the hospital.</p> <p>On 12/19/24 during the end of day meeting the Administrator was made aware of the findings and no further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199</p> <p>Based on observation, staff interview, facility documentation review, and clinical record review the facility staff failed to prevent, assess, identify timely, and treat avoidable pressure ulcers resulting in harm for two Residents, (Resident #117, and Resident #379) in a survey sample of 74 Residents.</p> <p>The findings included:</p> <p>1. For Resident #117, the facility staff did not assess, nor identify an avoidable sacral pressure ulcer prior to it becoming a stage 3 full thickness ulcer with 80 % slough (dead stringy yellow tissue) in the wound bed, first identified during survey on [DATE]. The Resident was also suffering from significant weight loss, malnutrition, and meals were not provided, which would impact his skin and ability to heal. The Resident did not receive timely ADL care, did not receive preventative skin care and pressure reduction devices, and was not gotten out of bed during the entire 2 week survey.</p> <p>Resident #117 was originally admitted to the facility on [DATE], and was hospitalized 10 days later on [DATE] for a colonic hemorrhage caused by a Stercoral ulcer (impacted hard stool at the anus and distal rectum) which pierced the bowel wall, after having had no bowel movements. The ulcer/perforation of the bowel wall resulted in blood loss requiring 2 blood transfusions according to hospital records.</p> <p>The Resident was again sent out to the hospital on [DATE] through [DATE] for a severe urinary tract infection causing sepsis and septic shock, and acute kidney injury which was reversed successfully in the hospital with IV (intravenous) fluids for dehydration and IV antibiotics.</p> <p>Resident #117 had a medical diagnosis history including; Congestive heart failure with diuretic use, unspecified dementia without behaviors, hypertension, depression, anxiety, dysphagia, gastro-esophageal reflux disease, and cardiac disease.</p> <p>Resident #117's most recent Minimum Data Set (MDS) assessment was a Significant change assessment with an assessment reference date of [DATE]. Resident #117 had a Brief Interview of Mental Status score of 99 indicating severe cognitive impairment. He was dependant on staff for eating, bathing and personal hygiene. He was coded to have no skin impairment, and at risk for skin impairment. He was coded with no weight loss (which was incorrect), a weight of 123 pounds, no swallowing difficulty, and having a mechanically altered diet.</p> <p>The only previous MDS assessment to the [DATE] MDS was dated [DATE], and was the Resident's admission assessment. This MDS had not been signed as completed until [DATE], and submitted late. The document revealed the Resident's weight at that time to be 139 pounds. This indicated a greater than 10% weight loss in the previous 2 months. It is notable to mention that the Resident was admitted with a weight of 145.3 pounds on [DATE]. This revealed a significant weight loss of 22.3 pounds since admission, equaling a greater weight loss than 15% in the 3 month period from admission to the current survey which was well documented in the clinical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Before hospitalization and after hospitalization the Resident's diet remained the same. Regular diet, Dysphagia pureed texture, thin consistency. On [DATE] mighty shakes 4 ounces was ordered at bedtime for a supplement. No other diet changes nor supplements were ever ordered during the Resident's stay.</p> <p>The Resident was observed during initial tour of the facility on [DATE] immediately following a shower room observation with Resident #117's room mate. The room tour revealed a dirty and unsafe room environment which included but was not limited to the following being observed;</p> <p>broken vinyl window blinds, no curtains, a urine soaked bathroom, a pervasive smell of urine and feces in the room and on the entire unit.</p> <p>Under the sink a cabinet door was ajar as it would not close because of the downward sloping sink, and the inside compartment was an open hole with what appeared to be a black concrete floor. Inside was found mildew, mold, trash, a pair of urine stained white tennis shoes, and 2 shirts that were stuck together with an unknown substance, all thrown in onto the floor.</p> <p>The floor of the room was sticky and made a sucking sound as one walked across it, and the base board was peeling and drooping over in places. The floor was crusted with crumbs, brown debris, and black particles.</p> <p>The bed divider curtain had brown stains and smeared feces on it.</p> <p>The PTAC (air conditioning wall unit) was not secured and had fallen forward into the room approximately 12 inches revealing light around it and cold air coming into the room from the outside of the building. The front cover of the unit was also missing and the sharp metal grill was exposed. Resident #117's bed was pushed against the PTAC unit holding it in place so it would not completely fall out of the hole in the outside facing wall.</p> <p>Resident #117 was in bed covered with only a bed sheet with no blanket and wore no clothing nor gown, and only an incontinence brief under the bed sheet. The fitted bed sheet under the Resident had a yellow halo around the Resident which appeared to be dried urine with a strong odor. The Residents incontinence brief was obviously soaked with urine and wrinkled down at the waist with the heaviness of the liquid it contained. The Residents hair was matted to his head, greasy, dandruff lay in his bed and on his pillow, and body odor/sweat could be clearly smelled.</p> <p>During the entire survey Resident #117 was never observed during the day shift out of bed, and asked the surveyors often for something to drink stating Please, Please bring me some water I'm so thirsty. The Residents lips were noted to be cracked and dry, and his eyes were sunken. His skin was flaking and dry and when the skin on his hand was examined it tented when pulled gently in an upward fashion and stayed that way. His mucus membranes were sticky and when he spoke his lips would stick together with thick saliva briefly. He constantly complained my butt hurts, my butt hurts. Staff were made aware that the Resident was thirsty, and complaining of butt pain. Staff stated they would have the NP look at him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] the Resident was assessed by the Registered Nurse Practitioner (NP) and found to have a stage 3 sacral pressure sore. Each day of survey the Resident was visited and observed to be in bed lying on his back or right side facing the window. No pressure reduction support devices and repositioning was ever observed.</p> <p>Each room on the unit was then inspected by all surveyors and found to be in the same condition as Resident #117's room. There were no televisions in any room, no personal items, and no water to drink in any room. There was no soap nor paper towels in the Resident rooms for hand washing of staff or Residents.</p> <p>Staff on the memory care unit were interviewed and asked why Resident #117 was not clean, they stated well, he refuses a lot, and (name) Resident #117 is hospice now and doesn't like to be moved much. Staff were taken to the Residents' room and #117 was asked if he would like a shower or bath, and he simply shook his head yes.</p> <p>ADL (activities of daily living) care records were reviewed for Resident #117 and revealed that the Resident was totally dependant on one staff member. The document indicated that a bath was given every morning, however, the Resident was observed every day during survey and found to be dirty and unkempt with flaking skin, dandruff, greasy hair, and in a soiled bed with soiled linens. At times the Resident was found wearing only an incontinence brief, and at other times wearing a white stained T-shirt and also an incontinence brief. The Resident was never seen out of bed during daytime hours for the entire survey.</p> <p>On [DATE] A Certified Nursing Assistant (CNA) was found in the hallway after Resident #117 was found begging for water. The CNA brought in 120 milliliters of tea for the Resident, and was again told he asked for water. She stated oh he just wants to drink, not eat. The CNA was asked if she was aware that the caffeine in tea was a diuretic and could further dehydrate the Resident. She did not respond.</p> <p>On [DATE] the Kitchen manager was interviewed and stated that they did not keep track of percentages of meals and fluids consumed, and stated that the nursing staff were responsible for that. She was asked if she had decaffeinated tea on hand, and she stated she had decaf coffee but not tea.</p> <p>On [DATE] A CNA was interviewed and stated, he (Resident #117) went out to the hospital with altered mental status, low blood pressure, dehydration and a UTI (urinary tract infection), and when he came back he went on hospice. He's been in bed now since then. The Resident had actually returned on [DATE], and was not placed on hospice until [DATE] (one month later). The CNA was asked for his hospice notes, and she went to the LPN (Licensed Practical Nurse) unit manager with the surveyor accompanying her and asked for the notes. The LPN stated I will look for them, and later stated I don't have any. The entire clinical record was reviewed and no hospice notes were in the clinical record.</p> <p>Staff were then asked if hard copy notes could be located in a binder, and they stated they had no such binder. There was an observed notice taped to the Resident's closet door from the new social worker addressed to the hospice staff. The document instructed that the Resident's hospice supplies had been found in the general supply closet in the facility with normal inventory. The document instructed hospice staff to inform the nurses on the unit when hospice supplies were brought in for the Resident. It appeared that the facility staff and hospice staff were not communicating.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] from 11:30 AM until 1:00 PM a second surveyor was observing lunch service on the memory care secured unit until the meal was finished. Resident #117 was never fed, and his tray was removed from his room. The tray was placed back on the tray cart to return to the kitchen for disposal, untouched. The CNA was asked why he was not fed, and she replied oh he's hospice he don't want it. The Resident received no food, and no fluids from 9:00 AM breakfast to 5:00 PM dinner (8 hours). No water was in any Resident room on the secured unit during the entire survey.</p> <p>Resident #117's clinical record was reviewed. Weight documents all completed by chair scale revealed the following:</p> <p>[DATE] - 145.3 pounds on admission.</p> <p>[DATE] - 143.0 pounds out to hospital on [DATE] with bleeding, returned [DATE].</p> <p>[DATE] - 139.0 pounds</p> <p>[DATE] - 139.0 pounds</p> <p>[DATE] - 123.0 pounds</p> <p>[DATE] - 122.6 pounds</p> <p>No further weights were being recorded as staff stated well, he's hospice now, so no need really. The Resident was not placed on hospice until [DATE], (2 weeks later with no weights completed) and remained a Full Code CPR status.</p> <p>The Registered Dietician (RD) was called via cellular phone for interview and was unable to be contacted. A message was left on voicemail, however, surveyors received no call back. No RD notes were found in the clinical record, however, on [DATE] at 12:11 PM, the Administrator and Director of Nursing (DON) supplied one note they had received from the RD dated [DATE]. The RD note was reviewed and revealed continued weight loss and the following 4 recommendations, none of which were followed:</p> <ol style="list-style-type: none"> 1. Consider benefit of appetite stimulant medication due to poor oral intake. 2. when poor oral intake less than 50% offer alternate meal options. 3. weekly weights for one month due to readmit. 4. RD to monitor for significant changes in weight poor oral intake or skin integrity and follow up as needed. <p>Weekly Skin Review assessments were reviewed and were only completed on (5) weekly occasions during the Resident's 3.25 month stay equaling (13) weekly opportunities, and (8) missed weekly opportunities.</p> <p>The weekly skin checks were only completed on [DATE], [DATE], [DATE], [DATE], and [DATE]. No wounds were identified in any of the documents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>All Nursing and physician progress notes, and a care plan meeting note from [DATE] were reviewed and revealed no identification of a wound on the Resident until [DATE], when the Registered Nurse Practitioner (NP) assessed the Resident.</p> <p>On [DATE] the NP documented on a Wound Assessment Report location sacrum, 14 centimeter (cm) length x width total measurement of the wound, 0.1 cm deep date acquired [DATE] in house, wound status new, stage/severity Full Thickness, 20% granulation, 80% slough, Erythema peri wound (red and inflamed), exposed tissue Epithelium, Dermis. Treatment daily and as needed cleanse with wound cleanser, hydrogel primary treatment, dressing bordered gauze.</p> <p>The report documented as an etiology skin failure at end of life. While this is a chronologically correct description, it is not a diagnosis of the causation of the skin failure, which was a pressure ulcer/skin failure. The Resident was experiencing no other skin failure/breakdown anywhere else on his body. This included his face and nose having undergone treatment for cancer, and no tissue there was failing nor open.</p> <p>The only skin failure for this Resident with a known high risk for skin breakdown, who suffered from incontinence of bowel and bladder was the pressure ulcer wound over a bony prominence. The Resident wore incontinence briefs and was found to be lacking adequate ADL care timely. Resident #117 was also not fed meals culminating in significant weight loss, nor given fluids adequately, culminating in dehydration and urinary tract infection with sepsis and hospitalization . He was afforded no preventive measures in place to relieve pressure while being bed ridden for 2 months per staff interview since his return from the hospital on [DATE].</p> <p>Staff were interviewed on [DATE] and asked what interventions could be offered to a Resident to prevent pressure sores. The Director of Nursing (DON) provided a policy on Pressure Injury Prevention and Management that documented basic or routine care interventions which could include but were not limited to the following 4 items for prevention in one who was at risk for developing pressure sores. No other items were named specifically in the policy for prevention of pressure sores, and none of the 4 on the policy were followed;</p> <ol style="list-style-type: none"> 1. Redistribute pressure (such as repositioning/protecting offloading) 2. Minimize exposure to moisture, and keep skin clean, especially of fecal contamination. 3. Provide appropriate pressure redistributing, support surfaces. 4. Maintain or improve nutrition and hydration status, where feasible. <p>The DON was asked if Foley catheters were available to those who were bed ridden with incontinence to prevent pressure sores, and she stated yes. She was asked if supplements, fluids, diet changes, and moisture barrier creams, and positioning devices were available, and she stated yes. She was asked if she was aware that the mattress for Resident #117 was the same as the ones used for the ambulatory residents on the memory care unit, and she stated she was not aware of that. None of the above prevention strategies were afforded Resident #117 for prevention of the pressure sore indicating this ulcer was potentially avoidable. On [DATE] a redistribution air mattress was ordered for the Resident, however did not arrive until after his move to another unit on [DATE] (7 days after identification of the stage 3 pressure sore.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The professional nationally recognized experts in pressure ulcer staging, identification, and care are NUPAP. The National Pressure Injury Advisory Panel. In their reference guidance literature, it documents that this wound to be a stage 3 full thickness tissue loss at identification.</p> <p>On [DATE] a Weekly Non-pressure Wound Observation Tool document was completed by the LPN during wound rounds with the NP for the Resident and documented that the wound was first observed on [DATE], (even though there is no information nor documentation to support this) and the LPN documented that on [DATE] no inflammation was noted (in error) even though the NP documented there was Erythema (red and inflamed) by definition.</p> <p>The Wound Observation Tool note completed by the LPN went on to document that the Interdisciplinary Care Planning Team (IDT) and Responsible Party (RP) were notified at that time (on [DATE]). The IDT that was mentioned in the document was also documented in nursing progress notes and described the team as consisting only of the unit manager LPN and the new social worker which does not constitute an interdisciplinary team.</p> <p>The new Social worker was also found during survey not to be qualified for the position. The Wound Observation Tool document describes that the LPN writing the note was with the NP during the observation.</p> <p>The Care plan was reviewed and included focuses, goals and interventions for potential for pressure ulcer development created on [DATE] related to Dementia and bowel and bladder incontinence. A new care plan entry was created on [DATE] which identified the first actual impairment to skin integrity with interventions for the 3 following items;</p> <ol style="list-style-type: none"> 1. Follow facility protocols for treatment of injury. 2. Use caution during transfers and bed mobility to prevent striking arms, legs, and hands to avoid striking any sharp or hard surface. 3. Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate, and any other notable changes or observations. <p>The care plan was not Resident specific and did not specify treatments, moisture barrier creams, nor devices, supplements, diet changes, nor any measures/interventions to be instituted to prevent new pressure sores, and to prevent this new pressure sore from worsening, as an interdisciplinary care plan team would be expected to produce.</p> <p>On [DATE] Review and copy of Physician's orders was conducted, and on [DATE] The Medication Administration Record (MAR) was copied, which is an exact copy of the physician orders. The MAR is used to document nursing signatures to show the orders are recorded as completed. Both revealed the 2 current orders for wounds;</p> <ol style="list-style-type: none"> 1. Cleanse sacrum with wound cleanser, apply hydrogel and cover with dry dressing every day start date [DATE]. 2. Cleanse right buttock (MASD) moisture associated skin damage with wound cleanser and apply triad paste every day and evening shift start date [DATE], which was not identified in the NP assessment. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>It is unknown why the [DATE] orders were derived as skin assessment documents clearly denote no wounds for this Resident until [DATE], and the right buttock was never mentioned in any assessments, even by the NP on [DATE].</p> <p>No documentation of wounds existed prior to [DATE], and the Resident's skin was documented as intact with no wounds up to [DATE]. No formal assessment was never completed and documented of wounds until [DATE]. This information indicates that there may have been further wounds that existed and were not documented prior to the identification of the full thickness sacral wound found on [DATE].</p> <p>Only one supplement was ordered for the Resident, and it follows below;</p> <p>1. Mighty shake 4 ounces at bedtime ordered [DATE]. The Might Shake was not given on the following nights, with no reason documented as to why it was withheld;</p> <p>October - [DATE], [DATE].</p> <p>November - [DATE], [DATE], [DATE], [DATE].</p> <p>December - [DATE], [DATE], [DATE].</p> <p>Resident #117 experienced a potentially avoidable pressure ulcer injury which was not assessed nor identified until it became a full thickness wound with dead yellow slough tissue obscuring the base of the wound by 80%. The Resident was at risk for skin breakdown after being continuously bed ridden for months, was experiencing continued significant weight loss, and was hospitalized for fecal impaction with hemorrhage, and hospitalized for a urinary tract infection, dehydration, and severe sepsis while in the facility.</p> <p>No interventions were in place for a moisture barrier cream after incontinence, which was recommended in the NP note yet never ordered. The NP also recommended an air mattress which was ordered on [DATE], however, did not arrive until the Resident was moved a week after the identification of a stage 3 pressure sore. The pressure sore injury should have been identified during ADL care of the Resident, and no preventive interventions were ever care planned for this Resident until he exhibited a stage 3 pressure sore.</p> <p>On [DATE] at 11:15 a.m., the Administrator, Director of Nursing, and Corporate Nurse were notified that the survey team was considering a harm level deficiency. The facility staff was given the opportunity to provide any further information or explanation. They stated they had no further information to provide.</p> <p>On [DATE], and [DATE] during a meeting with the Administrator, Director of Nursing, and Corporate clinical support consultant, the facility staff were made aware of the above concerns which could constitute harm for this Resident. Furthermore they were made aware that Residents were not being bathed and given hygiene timely, nor as often as needed, as this was the observation on days during the survey with multiple Residents being soiled and unkempt, in a dirty room with dirty linens and clothing. They were made aware that Resident #117 was not afforded preventive measures that were available such as; moisture barrier creams, Foley catheters, oral fluid increases, air mattress, protein and vitamin supplements, and alternate meal offerings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE], prior to the survey exit the Director of Nursing informed surveyors that Resident #117 and his room mate had been moved back onto regular units last night ([DATE]).</p> <p>At the time of survey exit on [DATE] the facility Administrator, and Director of Nursing stated they had nothing further to provide.</p> <p>40026</p> <p>2. For Resident #379 the facility staff failed to ensure Resident had weekly skin assessments and interventions in place to prevent the development of pressure injury, resulting in the development of four (4) pressure ulcers.</p> <p>On [DATE] a review of the clinical record revealed that Resident #379 was admitted to the facility on [DATE] with diagnoses that included but was not limited to sepsis, metabolic encephalopathy, protein-calorie malnutrition, acute kidney failure, atherosclerotic heart disease, hypothyroidism, Alzheimer's disease, dementia, anxiety disorder hypertension, dysphagia, g-tube dependence, instability of gait and mobility and insomnia.</p> <p>Upon admission the Admission Screening form was completed. The admission screening form dated [DATE] section C states that the skin turgor is normal, skin temp is warm and there are no wounds or open areas documented on the form.</p> <p>A review of the clinical record revealed that the care plan for Resident #379 read as follows:</p> <p>FOCUS: [Resident name redacted] has DTI [Deep Tissue Injury] pressure ulcer to left heel [sic], left lateral ankle, right later ankle pressure or potential for pressure ulcer and potential for skin breakdown development r/t Dehydration, disease process, incontinence, Hx of ulcers, Immobility. Date Initiated: [DATE] Created on: [DATE].</p> <p>GOAL: Pressure ulcer will show signs of healing and remain free from infection by/through review date. Date Initiated: [DATE] Target Date: [DATE].</p> <p>INTERVENTIONS: Administer medications as ordered. Observe/document for side effects and effectiveness.</p> <p>Date Initiated: [DATE] Created on: [DATE].</p> <p>Administer treatments as ordered and observe for effectiveness. [duplicate] Date Initiated: [DATE] Created on: [DATE]</p> <p>Follow facility policies/protocols for the prevention/treatment of skin breakdown. Date Initiated: [DATE] Created on: [DATE]</p> <p>If the resident refuses treatment, confer with the resident, IDT and family to determine why and try alternative methods to gain compliance. Document alternative methods. Date Initiated: [DATE] Created on: [DATE]</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Inform the resident/family/caregivers of any new area of skin breakdown Date Initiated: [DATE] Created on: [DATE].</p> <p>On [DATE] a review of Policy entitled Pressure Injury Prevention and Management revealed the following excerpt:</p> <p>3. Assessment of Pressure Injury Risk</p> <p>a. Licensed nurses will conduct a pressure injury risk assessment using the Braden Scale, on admission/readmission, weekly x four weeks, then quarterly or whenever the residents condition changes significantly.</p> <p>c. Licensed nurses will conduct a full body skin assessment weekly and after any newly identified pressure injury</p> <p>Findings will be documented in the medical record.</p> <p>4. Interventions for Prevention and to Promote Healing</p> <p>c. Evidence based interventions for prevention will be implemented for all resident who are assessed at risk or who have a pressure injury present. Basic or routine care could include but are not limited to:</p> <p>i. Redistribute pressure (such as repositioning, protecting and or offloading heels, etc.)</p> <p>ii. Minimize exposure to moisture and keep skin clean, especially of fecal contamination.</p> <p>iii. Provide appropriate pressure-redistributing support surfaces</p> <p>iv Maintain or improve nutrition and hydration status where feasible.</p> <p>A review of the clinical record revealed the following:</p> <p>[DATE] - Weekly Skin assessment not filled out entire document left blank.</p> <p>[DATE] - Weekly skin assessment all questions left unanswered, and one comment was placed in the wound section</p> <p>Right heel - sdti [suspected deep tissue injury] right lateral ankle - sdti left heel - sdti left lateral ankle - sdti</p> <p>[DATE] - Weekly Skin Assessment all questions left unanswered and one comment in the wound section read:</p> <p>Left big toenail bleeding during morning hygiene.</p> <p>Weekly Wound Assessments:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	<p>[DATE] - Wound #1</p> <p>Location - Left heel SDTI (Suspected Deep Tissue Injury)</p> <p>3a. SDTI</p> <p>5a. Overall Impression -First observed</p> <p>8a. Wound Measurements</p> <p>Length 7 cm</p> <p>Width 5.5 cm</p> <p>Depth 0.1 cm</p> <p>[DATE] Wound #2</p> <p>1.Location - Left Lateral Ankle</p> <p>3a. SDTI</p> <p>5a. Overall Impression - First observed</p> <p>8a. Length 2.0 cm</p> <p>Width 2.0 cm</p> <p>Depth 0.1 cm</p> <p>[DATE] - Wound #3</p> <p>Right Lateral Ankle</p> <p>3a. SDTI</p> <p>5a. Overall Impression - First observed</p> <p>8a. Length 3.0 cm</p> <p>Width 2.5 cm</p> <p>Depth 0.1 cm</p> <p>[DATE] - Wound #4</p> <p>Right Lateral Foot</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>3a. SDTI</p> <p>5a. Overall Impression - First observed</p> <p>8a. Length 3.5 cm</p> <p>Width 1.5 cm</p> <p>Depth 0.1 cm</p> <p>On [DATE] at approximately 1:00 p.m. an interview was conducted with the DON who was asked when interventions should be put in place for prevention of pressure ulcers, she stated that they should be done on admission. When asked if this was done in Resident #379's case she stated that it was not. When asked when the care plan should be updated after the development of a new pressure area, and she stated that the care plan should be updated immediately following a change in the condition of the Resident to include development of pressure areas treatment and any new interventions. When asked if that was done in this case, she stated it was not updated when the pressure areas were discovered on [DATE], and the care plan was not updated until a week later. When asked if the Resident received repositioning devices, booties, an air mattress or any specific turning and repositioning schedule to prevent or aid in healing of the pressure wounds, she stated, There is no evidence of these interventions in the chart.</p> <p>On [DATE] the during the end of day debriefing meeting, the Administrator was made aware of the findings and no further information was provided.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199</p> <p>Based on observation, staff interview, facility documentation review, and clinical record review the facility staff failed to prevent a significant weight loss and dehydration for one (1) Resident (Residents #117) in a survey sample of 74 Residents.</p> <p>The findings included:</p> <p>For Resident #117, the facility staff did not provide meals consistently, and did not provide hydration consistently, resulting in significant weight loss and dehydration.</p> <p>Resident #117 was originally admitted to the facility on [DATE], and was hospitalized 10 days later on [DATE] for a colonic hemorrhage caused by a Stercoral ulcer (impacted hard stool at the anus and distal rectum) which pierced the bowel wall, after having had no bowel movements. The ulcer/perforation of the bowel wall resulted in blood loss requiring 2 blood transfusions according to hospital records.</p> <p>The Resident was again sent out to the hospital on [DATE] through [DATE] for a severe urinary tract infection causing sepsis and septic shock, and acute kidney injury which was reversed successfully in the hospital with IV (intravenous) fluids for dehydration and IV antibiotics.</p> <p>Resident #117 had a medical diagnosis history including; Congestive heart failure with diuretic use, unspecified dementia without behaviors, hypertension, depression, anxiety, dysphagia, gastro-esophageal reflux disease, and cardiac disease.</p> <p>Resident #117's most recent Minimum Data Set (MDS) assessment was a Significant change assessment with an assessment reference date of [DATE]. Resident #117 had a Brief Interview of Mental Status score of 99 indicating severe cognitive impairment. He was dependant on staff for eating, bathing and personal hygiene. He was coded to have no skin impairment, and at risk for skin impairment. He was coded with no weight loss (which was incorrect), a weight of 123 pounds, no swallowing difficulty, and having a mechanically altered diet.</p> <p>The only previous MDS assessment to the [DATE] MDS was dated [DATE], and was the Resident's admission assessment. This MDS had not been signed as completed until [DATE], and submitted late. The document revealed the Resident's weight at that time to be 139 pounds. This indicated a greater than 10% weight loss in the previous 2 months. It is notable to mention that the Resident was admitted with a weight of 145.3 pounds on [DATE]. This revealed a significant weight loss of 22.3 pounds since admission, equaling a greater weight loss than 15% in the 3 month period from admission to the current survey which was well documented in the clinical record.</p> <p>Before hospitalization and after hospitalization the Resident's diet remained the same. Regular diet, Dysphagia pureed texture, thin consistency. On [DATE] mighty shakes 4 ounces was ordered at bedtime for a supplement. No other diet changes nor supplements were ever ordered during the Resident's stay.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the entire survey Resident #117 was never observed during the day shift out of bed, and asked the surveyors often for something to drink stating Please, Please bring me some water I'm so thirsty. The Residents lips were noted to be cracked and dry, and his eyes were sunken. His skin was flaking and dry and when the skin on his hand was examined it tented when pulled gently in an upward fashion and stayed that way. His mucus membranes were sticky and when he spoke his lips would stick together with thick saliva briefly. He constantly complained my butt hurts, my butt hurts. Staff were made aware that the Resident was thirsty, and complaining of butt pain. Staff stated they would have the NP look at him.</p> <p>On [DATE] A Certified Nursing Assistant (CNA) was found in the hallway after Resident #117 was found begging for water. The CNA brought in 120 milliliters of tea for the Resident, and was again told he asked for water. She stated oh he just wants to drink, not eat. The CNA was asked if she was aware that the caffeine in tea was a diuretic and could further dehydrate the Resident. She did not respond.</p> <p>On [DATE] the Kitchen manager was interviewed and stated that they did not keep track of percentages of meals and fluids consumed, and stated that the nursing staff were responsible for that. She was asked if she had decaffeinated tea on hand, and she stated she had decaf coffee but not tea.</p> <p>On [DATE] A CNA was interviewed and stated, he (Resident #117) went out to the hospital with altered mental status, low blood pressure, dehydration and a UTI (urinary tract infection), and when he came back he went on hospice. He's been in bed now since then. The Resident had actually returned on [DATE], and was not placed on hospice until [DATE] (one month later). The CNA was asked for his hospice notes, and she went to the LPN (Licensed Practical Nurse) unit manager with the surveyor accompanying her and asked for the notes. The LPN stated I will look for them, and later stated I don't have any. The entire clinical record was reviewed and no hospice notes were in the clinical record.</p> <p>Staff were then asked if hard copy notes could be located in a binder, and they stated they had no such binder. There was an observed notice taped to the Resident's closet door from the new social worker addressed to the hospice staff. The document instructed that the Resident's hospice supplies had been found in the general supply closet in the facility with normal inventory. The document instructed hospice staff to inform the nurses on the unit when hospice supplies were brought in for the Resident. It appeared that the facility staff and hospice staff were not communicating.</p> <p>On [DATE] from 11:30 AM until 1:00 PM a second surveyor was observing lunch service on the memory care secured unit until the meal was finished. Resident #117 was never fed, and his tray was removed from his room. The tray was placed back on the tray cart to return to the kitchen for disposal, untouched. The CNA was asked why he was not fed, and she replied oh he's hospice he don't want it. The Resident received no food, and no fluids from 9:00 AM breakfast to 5:00 PM dinner (8 hours). No water was in any Resident room on the secured unit during the entire survey.</p> <p>Resident #117's clinical record was reviewed. Weight documents all completed by chair scale revealed the following;</p> <p>[DATE] - 145.3 pounds on admission.</p> <p>[DATE] - 143.0 pounds out to hospital on [DATE] with bleeding, returned [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[DATE] - 139.0 pounds</p> <p>[DATE] - 139.0 pounds</p> <p>[DATE] - 123.0 pounds</p> <p>[DATE] - 122.6 pounds</p> <p>No further weights were being recorded as staff stated well, he's hospice now, so no need really. The Resident was not placed on hospice until [DATE], (2 weeks later with no weights completed) and remained a Full Code CPR status.</p> <p>The Registered Dietician (RD) was called via cellular phone for interview and was unable to be contacted. A message was left on voicemail, however, surveyors received no call back. No RD notes were found in the clinical record, however, on [DATE] at 12:11 PM, the Administrator and Director of Nursing (DON) supplied the only note they had received from the RD dated [DATE] (8 days after returning from the hospital with sepsis and dehydration). The RD note was reviewed and revealed continued weight loss and the following 4 recommendations, none of which were followed:</p> <ol style="list-style-type: none"> 1. Consider benefit of appetite stimulant medication due to poor oral intake. 2. when poor oral intake less than 50% offer alternate meal options. 3. weekly weights for one month due to readmit. 4. RD to monitor for significant changes in weight poor oral intake or skin integrity and follow up as needed. <p>Staff were interviewed on [DATE] and asked what interventions could be offered to a Resident to prevent significant weight loss. The Director of Nursing (DON) provided two policies on Nutritional Management, and Weight Monitoring that documented the following;</p> <ol style="list-style-type: none"> 1. Nutritional Management. Nutritional Status includes both nutrition and hydration status. The document describes a systematic approach to optimize a Resident's nutritional status. Staff are to identify risk factors, evaluate and analyze assessment information, develop and consistently implement approaches, and monitor the effectiveness of interventions and to revise interventions as necessary which would be reflected in the Resident's plan of care. The document goes on to describe that a comprehensive assessment will be completed by the Registered Dietician (RD) within 72 hours of a change in condition to include persistent hunger, poor intake, or continued weight loss, or evidence of fluid loss. One intervention included diet liberalization, and feeding assistance. 2. Weight Monitoring. Significant unintended changes in weight (loss or gain) .may indicate a nutritional problem. A comprehensive nutritional assessment, The Nutritional Data Collection Tool will be completed and that information would identify risk which would then drive the care planning process development to include; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Identified causes of impaired nutritional status, reflect the Resident's personal goals and preferences, identify resident specific interventions, time frame and parameters for monitoring, be updated as needed during Resident's condition changes, interventions are ineffective, or new problems are identified, and be conducted as per professional standards. Residents with weight loss monitor weights weekly. Documentation will include notification of physician, if significant weight loss is identified the RD should be consulted to assist the interdisciplinary (IDT) care plan team with interventions who could initiate the care planning process, as well as the nursing department may initiate the care planning process. The IDT communicates care instructions to staff.</p> <p>On [DATE] the NP documented on a Wound Assessment Report location sacrum, 14 centimeter (cm) length x width total measurement of the wound, 0.1 cm deep date acquired [DATE] in house, wound status new, stage/severity Full Thickness, 20% granulation, 80% slough, Erythema peri wound (red and inflamed), exposed tissue Epithelium, Dermis. Treatment daily and as needed cleanse with wound cleanser, hydrogel primary treatment, dressing bordered gauze.</p> <p>The DON was asked if Foley catheters to keep skin dry and for intake and output assessments were available, and she stated yes. She was asked if formal protein supplements, fluids, diet changes, and moisture barrier creams, and positioning devices were available for Resident's with known significant weight loss and wounds and she stated yes. She was asked if she was aware that the mattress for Resident #117 was the same as the ones used for the ambulatory residents on the memory care unit, and she stated she was not aware of that. None of the above prevention strategies were afforded Resident #117 for prevention of further significant weight loss and the pressure sore indicating this ulcer was potentially avoidable. On [DATE] a redistribution air mattress was ordered for the Resident, however did not arrive until after his move to another unit on [DATE].</p> <p>On [DATE] Review and copy of Physician's orders revealed only 1 order for weight management;</p> <p>1. Mighty shake 4 ounces at bedtime was ordered by the physician on [DATE] after the Resident returned from the hospital after experiencing dehydration and sepsis. Mighty Shakes nutrition facts included; Only 220 calories per each 4 ounces which equals approximately 2 tablespoons of peanut butter which would contain 8 grams of protein whereas the mighty shake only had 6 grams. The Might Shake was not given on the following nights, with no reason documented as to why it was withheld;</p> <p>October - [DATE], [DATE].</p> <p>November - [DATE], [DATE], [DATE], [DATE].</p> <p>December - [DATE], [DATE], [DATE].</p> <p>The Care plan was reviewed and included focuses, goals and interventions for malnutrition Risk related to history of rectal bleed constipation created on [DATE] with a goal to be free of significant weight changes. A new care plan revision entry was created on [DATE], however, none of the interventions were changed, and none were added. The care plan identified only the following 5 interventions;</p> <p>1. Administer medications as ordered, observe for side effects and effectiveness alert MD (doctor) as needed.</p> <p>2. Provide, serve diet as ordered. Monitor intake and record every meal.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. RD to evaluate and make diet change recommendations as needed.</p> <p>4. Receives a mechanical soft pureed diet, related to diagnosis.</p> <p>5. weight per facility protocol/MD order.</p> <p>The care plan was not Resident specific and did not specify feeding needs, fluid provision, supplements, diet changes, alternate diet changes, nor RD interventions/recommendations, and was not followed with regard to weights. It did not specify any measures/interventions to be instituted to prevent dehydration which the Resident had been hospitalized previously for. No treatments were specified in the care plan for the care of a pressure sore after it developed and was identified at a stage 3 further complicating significant weight loss and a history of dehydration.</p> <p>It is also notable to mention that the care plan was not derived by an interdisciplinary team and the only 2 individuals who were present for the most recent care plan update was the LPN (Licensed Practical Nurse) unit manager, and the Social Worker who was found to not have been vetted properly, and had insufficient qualifications for the Role.</p> <p>Resident #117 experienced a potentially avoidable pressure ulcer injury which was not identified until it became a full thickness wound with dead yellow slough tissue obscuring the base of the wound by 80%. The Resident was at risk for skin breakdown after being continuously bed ridden for months, was experiencing continued significant weight loss, and was hospitalized for fecal impaction with hemorrhage, and hospitalized for a urinary tract infection, dehydration, and severe sepsis.</p> <p>On [DATE] at 11:15 a.m., the Administrator, Director of Nursing, and Corporate Nurse were notified that the facility staff failed to prevent significant weight loss and dehydration, and further had not intervened during the known weight loss. The facility staff was given the opportunity to provide any further information or explanation. They stated they had no further information to provide.</p> <p>On [DATE], and [DATE] during a meeting with the Administrator, Director of Nursing, and Corporate clinical support consultant, the facility staff were made aware of the above concerns for this Resident.</p> <p>On [DATE], prior to the survey exit the Director of Nursing informed surveyors that Resident #117 had been moved back onto a regular unit last night ([DATE]).</p> <p>At the time of survey exit on [DATE] the facility Administrator, and Director of Nursing stated they had nothing further to provide.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34894</p> <p>Based on observation, interview and clinical record review the facility staff failed to ensure medications were acquired and available to meet the needs of one (1) of 74 residents in the survey sample, Resident #327.</p> <p>The findings included:</p> <p>For Resident # 327, the facility staff failed to ensure several medications were available for administration as ordered by the physician.</p> <p>Resident # 327 was a [AGE] year old admitted to the facility on [DATE], with diagnoses that included but were not limited to: Asthma, emphysema, Pulmonary Fibrosis, Seizure disorder, Chronic anxiety and depression, Hypothyroidism and Gastroesophageal reflux disease, history of Pulmonary Embolism, orthostatic hypotension and chronic hypoxic respiratory failure-on oxygen at 4 liters per minute via nasal cannula, Congestive Heart Failure. Cerebral Vascular Accident.</p> <p>The most recent MDS (Minimum Data Set) assessment was coded as an Admission assessment with an ARD (Assessment Reference Date) of 8/1/2023. The BIMS (brief interview for mental status) assessment was coded as 15 out of possible 15, indicating no cognitive impairment. The assessment also coded Resident # 327 as requiring assistance with activities of daily living; and continent of bowel and bladder.</p> <p>Review of the clinical record was conducted on 12/10/2024 to 12/19/2024.</p> <p>Review of the Progress Notes and August 2023 Medication Administration Record (MAR) revealed documentation of several medications being unavailable several times including but not limited to:</p> <p>Effective Date: 08/01/2023 23:56 Type: eMar - Medication Administration Note</p> <p>Note Text: Topiramate Tablet 100 MG (milligrams)</p> <p>Give 1 tablet by mouth three times a day for Seizure three times per day on order.</p> <p>Review revealed that 4 doses of Topiramate were not available on: 8/9/2023 at 8 a.m.</p> <p>8/14/2023 at 8 a.m.</p> <p>8/19/2023 at midnight</p> <p>8/19/2023 at 8 a.m.</p> <p>Effective Date: 08/02/2023 21:36 Type: eMar - Medication Administration Note</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Note Text : Adderall XR Capsule Extended Release 24 Hour 15 MG</p> <p>Give 1 capsule by mouth two times a day for ADHD (Attention Deficient Hyperactivity Disorder) (scheduled at 9 a.m. and 9 p.m.)</p> <p>On order</p> <p>Review revealed that 3 doses of Adderall were not available on: 8/19/2023 at 9 a.m.</p> <p>8/19/2023 at 9 p.m.</p> <p>8/21/2023 at 9 a.m.</p> <p>The medication, Adderrall, was not listed in the Cubex contents.</p> <p>Note Text : Lidocaine HCl (PF) Injection Solution 1 %</p> <p>Inject 3.5 ml intramuscularly one time a day for UTI for 2 Days</p> <p>awaiting from rx (Pharmacy)</p> <p>The medication, Lidocaine, was prescribed for 2 days. Review of the MAR revealed only one dose was given on 8/7/2023. There was no documentation of the second dose being given as ordered.</p> <p>Note Text: Savella Oral Tablet 50 milligrams</p> <p>Give 1 tablet by mouth two times a day for depression</p> <p>not available- ordered 8/2/2023 at 9 am.</p> <p>The medication, Savella, was not started until 8/4/2023 at 9 a.m.</p> <p>The medication was not listed in the Cubex Stat box contents.</p> <p>On 12/10/2024 at 3:05 p.m., an interview was conducted with LPN(Licensed Practical Nurse) # 3 who stated the medications come in a blister pack for each resident. The blister pack should have the medications for each scheduled dose. LPN # 3 stated if the medication was not available, the nurse was expected to check the Cubex (in house Stat box) for an available supply of the medication and to notify the Pharmacy that the medication was not available. The nurse would order the medication from the Pharmacy so it would be available for the next scheduled dose. The nurse should notify the physician that the medication was not available for administration as ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/11/2024 at 10:20 a.m., an interview was conducted with the Director of Nursing who stated medications should be available for administration as ordered by the physician. She stated the nurses should call the Pharmacy to inform them that the medication was not available in the medication cart, order the medication, check the Cubex and notify the physician if the medication was not available to be administered. She stated the Pharmacy delivers twice a day at the facility. She also stated the expectation was for the Pharmacy to send medications on the next delivery after notification that a medication was not available as ordered.</p> <p>On 12/11/2024 at 11:00 a.m., an interview was conducted with the Regional Nurse Consultant (Corporate # 1) who stated medications should be available for administration as ordered by the physician. Corporate # 1 stated the Pharmacy should have ensured the medication was available for administration. She also stated the nurses should have checked the Cubex (in house Stat box) for an available supply of the medication.</p> <p>The Regional Nurse Consultant (Corporate # 1) explained that the Pharmacy would have sent a blister pack with the entire course of medication for the month. The nurses would have had access to the medications for each time of scheduled administration. She stated medications should be available for administration.</p> <p>During the end of day debriefing on 12/18/2024, the Facility Administrator, Regional Nurse Consultant and Director of Nursing were informed of the findings.</p> <p>No further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40026</p> <p>Based on observation, interview, clinical record review and facility documentation the facility staff failed to ensure Residents are free from significant medication errors for three (3) Residents (378, 109, and 327) in a survey sample of 74 Residents.</p> <p>The findings included:</p> <p>1. For Resident # 378 the facility staff failed to ensure Vancomycin (an anti-biotic used to treat infection) was administered as prescribed by physician, delaying treatment by 4 days for C-Diff (Clostridium difficile a bacteria that causes watery diarrhea, abdominal pain and cramping, fever, nausea, and dehydration).</p> <p>On 12/12/24 a review of the clinical record revealed that Resident #378's admission order for Vancomycin read:</p> <p>2/15/24 Vancomycin HCl Oral Capsule 125 MG (Vancomycin HCl) Give 5 ml via PEG-Tube one time a day for C. Diff for 6 Days -Start Date- 02/16/2024 1200</p> <p>The following progress notes were entered regarding the Vancomycin administration or lack thereof:</p> <p>2/16/24 1:36 p.m. - Vancomycin HCl Oral Capsule 125 MG Give 5 ml via PEG-Tube one time a day for C. Diff for 6 Days AWITING [sic] Pharmacy, NP notified. 2/16/24 1:42 p.m. - ON HOLD UNTIL COMES FROM PHARMACY, NP NOTIFIED</p> <p>2/18/24 1:09 p.m. - Note Text: Vancomycin HCl Oral Capsule 125 MG Give 5 ml via PEG-Tube one time a day for C. Diff for 7 Days. Pharmacy needs clarification. Left a message with on call if corrected by 1530 it can be sent on the next run today.</p> <p>On 2/19/24 the following Physician note was entered to clarify the Vancomycin order:</p> <p>Chief Complaint / Nature of Presenting Problem: New Admission 2/15/2024F/u and monitoring C-Diff and left BKA. Medication List: Vancomycin HCl, Vancomycin HCl Oral Suspension 50 MG/ML, Give 2.5 ml by mouth one time a day for c-diff for 7 Days, 50MG/ML, ACTIVE, 2/19/2024 to 2/26/2024.</p> <p>A review of the MAR (Medication Administration Record) revealed that the Vancomycin was started on 2/19/24 at 12:00 p.m. This resulted in a delay in treatment and 4 days of missed medications.</p> <p>On 12/18/24 at 11:00 a.m. an interview was conducted with LPN #3 who was asked what the nurses do if a medication is unavailable, LPN #3 stated they notify the physician and get an order to hold it until it becomes available. When asked if this is facility policy to obtain a hold order, she stated that it was what she was told to do. When asked if they had a backup pharmacy or a stat box, she stated that they do have stat boxes but that sometimes the med or the dose needed was not in the stat box.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/18/24 an interview was conducted with the DON who was asked if there is a backup pharmacy, and she stated that there was. When asked if it is acceptable to make a Resident wait 4 days for an antibiotic, she stated that it was not.</p> <p>On 2/19/24 during the end of day meeting the Administrator was made aware of the findings and no further information was provided.</p> <p>49917</p> <p>2. Resident #109 did not receive the physician ordered scheduled doses of Insulin.</p> <p>Resident #109 was originally admitted to the facility 1/4/24. The resident's diagnoses included chronic obstructive pulmonary disease, type 2 diabetes mellitus without complications, essential hypertension, chronic kidney disease, and anxiety disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 9/23/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 14 out of a possible 15. This indicated Resident #109's cognitive abilities for daily decision making were intact.</p> <p>On 12/10/24 at 2:15 PM an interview was conducted with Resident #109. Resident #109 stated, I did not receive scheduled doses of my Insulin on a Sunday in November. I was not sure why and could not get a clear answer from the staff.</p> <p>The Physician's Order Summary (POS) for November 2024 read: Insulin Aspart FlexPen 100 Unit/ML Solution pen-injector Inject 20 unit subcutaneously with meals related to Type 2 Diabetes Mellitus without complications with a start date of 11/8/2024 and Insulin Glargine-yfgn 100 Unit/ML Solution pen injector Inject 55 unit subcutaneously at bedtime for DM Administer Emergency Glucagon for hypoglycemia<60 blood glucose notify provider with a start date of 11/1/2024.</p> <p>A review of the Medication Administration Record (MAR) revealed that Resident #109 missed 1 dose of Insulin Aspart FlexPen 100 Unit/ML Solution pen-injector Inject 20 unit subcutaneously with meals related to Type 2 Diabetes Mellitus without complications on the following date: 11/10/24 and missed 1 dose of Insulin Glargine-yfgn 100 Unit/ML Solution pen injector Inject 55 unit subcutaneously at bedtime for DM on the following date: 11/10/24.</p> <p>Insulin aspart is used to treat type 1 diabetes (condition in which the body does not produce insulin and therefore cannot control the amount of sugar in the blood) in adults and children. It is also used to treat people with type 2 diabetes (a condition in which the body does not use insulin normally and therefore cannot control the amount of sugar in the blood who need insulin to control their diabetes. https://medlineplus.gov/druginfo/meds/a605013.html).</p> <p>Insulin glargine products are used to treat type 1 diabetes (condition in which the body does not produce insulin and therefore cannot control the amount of sugar in the blood). Insulin glargine products are also used to treat people with type 2 diabetes (condition in which the body does not use insulin normally and, therefore, cannot control the amount of sugar in the blood) who need insulin to control their diabetes. https://medlineplus.gov/druginfo/meds/a600027.html</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/18/24 at 2:43 PM an interview was conducted with the Licensed Practical Nurse (LPN) #2. LPN #2 stated that the medications were available for Resident #109, and she could not explain why the resident was not administered these medications on 11/10/24.</p> <p>On 12/19/24 at approximately 6:25 p.m., a final interview was conducted with the Regional [NAME] President of Operations, Administrator, Regional Nursing Consultant, Regional MDS Consultant, Director of Nursing, Assistant Director of Nursing, and Owner. 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.</p> <p>34894</p> <p>3. For Resident # 327, the facility staff failed to ensure that intravenous antibiotics were available for administration and administered as ordered by the physician.</p> <p>Resident # 327 was a [AGE] year old admitted to the facility on [DATE], with diagnoses that included but were not limited to: Asthma, emphysema, Pulmonary Fibrosis, Seizure disorder, Chronic anxiety and depression, Hypothyroidism and Gastroesophageal reflux disease, history of Pulmonary Embolism, orthostatic hypotension and chronic hypoxic respiratory failure-on oxygen at 4 liters per minute via nasal cannula, Congestive Heart Failure. Cerebral Vascular Accident.</p> <p>The most recent MDS (Minimum Data Set) assessment was coded as an Admission assessment with an ARD (Assessment Reference Date) of 8/1/2023. The BIMS (brief interview for mental status) assessment was coded as 15 out of possible 15, indicating no cognitive impairment. The assessment also coded Resident # 327 as requiring assistance with activities of daily living; and continent of bowel and bladder.</p> <p>Review of the clinical record was conducted on 12/10/2024 to 12/19/2024.</p> <p>Review of the Progress Notes on pages 329-336 of 339 revealed documentation of an encounter on 8/2/2023 for a history and physical with a problem that listed tx (treatment) with IV (Intravenous fluids) and Rocephin. The note documented a diagnosis of sepsis secondary to urinary tract infection and treatment with IV fluids and antibiotics.</p> <p>Further review of the Progress Notes revealed documentation of an encounter by the physician on 08/03/2023 that was listed as a new evaluation involving the chief complaint of Follow-up regarding cough.</p> <p>The note also stated</p> <p>History Of Present Illness:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[AGE] year-old female seen for follow-up for complaints of cough. On arrival patient was lying in the bed she complains of cough congestion generalized fatigue and weakness. Discussed with nursing staff with [sic]obtain further overview medication lab and chart reviewed patient anticipated to receive antibiotic course of Rocephin however a slight delay in delivery. Discussed with nursing staff to ensure medication arrives notify provider of any complications we will further delay in antibiotic course the verbalized understanding. Discussed with patient reporting persistent cough or congestion will recommend further x-rays should verbalized understanding. Further evaluation conducted</p> <p>Review of the Progress Notes revealed Rocephin was not administered until the evening of 8/4/2023. the note written on 8/5/2023 stated this resident is on IV (intravenous) Rocephin X 3 (times 3.) This resident received her first dose and tolerated it well. The note also stated when passing meds, this writer observed the PIV (peripheral intravenous) to her (L) hand had come out and the resident stated that she did not want to put another one because it hurt her hand.</p> <p>The Medication Administration Record did not show documentation of administration of Rocephin until 8/5/2023 and again on 8/6/2023.</p> <p>Review of the Cubex Stat box contents list revealed on page 1 of 6 that the medication, Rocephin 1000 milligrams vial -two vials was available for use.</p> <p>Rocephin IV change to IM</p> <p>Effective Date: 08/05/2023 20:17 Type: eMar - Medication Administration Note</p> <p>Note Text: Ceftriaxone Sodium Solution Reconstituted 1 GM (gram)</p> <p>Use 1 gram intravenously every 24 hours for UTI (urinary tract infection)for 3 Days</p> <p>order changed to IM (intramuscularly)</p> <p>On 12/10/2024 at 3:05 p.m., an interview was conducted with LPN(Licensed Practical Nurse) # 3 who stated the medications come in a blister pack for each resident. The blister pack should have the medications for each scheduled dose. LPN # 3 stated if the medication was not available, the nurse was expected to check the Cubex (in house Stat box) for an available supply of the medication and to notify the Pharmacy that the medication was not available. The nurse would order the medication from the Pharmacy so it would be available for the next scheduled dose. The nurse should notify the physician that the medication was not available for administration as ordered.</p> <p>On 12/11/2024 at 10:20 a.m., an interview was conducted with the Director of Nursing who stated medications should be available for administration as ordered by the physician. She stated the nurses should call the Pharmacy to inform them that the medication was not available in the medication cart, order the medication, check the Cubex and notify the physician if the medication was not available to be administered. She stated the Pharmacy delivers twice a day at the facility. She also stated the expectation was for the Pharmacy to send medications on the next delivery after notification that a medication was not available as ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/11/2024 at 11 a.m., an interview was conducted with the Regional Nurse Consultant (Corporate # 1) who stated medications should be available for administration as ordered by the physician. Corporate # 1 stated the Pharmacy should have ensured the medication was available for administration. She also stated the nurses should have checked the Cubex (in house Stat box) for an available supply of the medication.</p> <p>She stated medications should be available for administration and administered as ordered.</p> <p>During the end of day debriefing on 12/18/2024, the Facility Administrator, Regional Nurse Consultant and Director of Nursing were informed of the findings that the antibiotic was ordered on 8/2/2023 but not started until the evening on 8/4/2023. The staff had access to the medication in the Cubes in house supply.</p> <p>No further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.</p> <p>49917</p> <p>Based on staff interviews, the facility staff failed to obtain agreements for dental services and audiology services.</p> <p>The findings included:</p> <p>On 12/18/24 at 1:20 PM an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated that the facility does not have written agreements for dental services and audiology services. The ADON also stated that if a resident requires dental services, the facility will make an appointment with a dentist the resident requests or recommends.</p> <p>On 12/19/24 at approximately 6:25 p.m., a final interview was conducted with the Regional [NAME] President of Operations, Administrator, Regional Nursing Consultant, Regional MDS Consultant, Director of Nursing, Assistant Director of Nursing, and Owner. 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.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34894</p> <p>Based on staff interview, clinical record review, and facility documentation review, the facility staff failed to maintain accurate and readily accessible medical records for one (1) resident (Resident # 327) in a sample size of 74 residents.</p> <p>The findings included:</p> <p>For Resident # 327, the Social Worker did not document social services notes in the clinical record regarding details of a grievance that was filed on [DATE].</p> <p>Resident # 327 was a [AGE] year old admitted to the facility on [DATE], with diagnoses that included but were not limited to: Asthma, emphysema, Pulmonary Fibrosis, Seizure disorder, Chronic anxiety and depression, Hypothyroidism and Gastroesophageal reflux disease, history of Pulmonary Embolism, orthostatic hypotension and chronic hypoxic respiratory failure-on oxygen at 4 liters per minute via nasal cannula, Congestive Heart Failure. Cerebral Vascular Accident.</p> <p>The most recent MDS (Minimum Data Set) assessment was coded as an Admission assessment with an ARD (Assessment Reference Date) of [DATE]. The BIMS (brief interview for mental status) assessment was coded as 15 out of possible 15, indicating no cognitive impairment. The assessment also coded Resident # 327 as requiring assistance with activities of daily living; and frequently incontinent of bowel and always incontinent of bladder.</p> <p>The resident was readmitted to the facility on [DATE] and expired in the facility on [DATE].</p> <p>Review of the clinical record was conducted on [DATE] to [DATE].</p> <p>For Resident # 327, the Social Worker did not document Social Services notes in the clinical record regarding details of a grievance that was filed on [DATE]. The note specifically stated the resident requested to be transferred to another facility and that a grievance had been completed. The note stated information was faxed to two facilities per the resident's request. There was no follow up documentation noted in the clinical record.</p> <p>The facility Administrator was asked to provide copies of grievances for [DATE]. The Administrator stated she did not know if she could find any grievances for that time period. She stated she was hired in March of 2024 and had no knowledge about a grievance for Resident # 327. She stated she recognized the resident's name due to another admission to the facility in June of 2024 until [DATE].</p> <p>The clinical record was reviewed and revealed no social worker notes were written regarding documentation of a grievance completed on [DATE]. Further review of the Progress Notes revealed documentation by the nursing staff on [DATE] that Resident # 327 requested a room change. There were no details regarding a reason for the request. Nor was there any documentation of any follow up.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at approximately 11:40 AM, an interview with the Social Worker (Administration # 4) was conducted. When asked about the social services process for grievances, the Social Worker stated all residents have the right to file grievances and that they should be documented. She stated the residents and their responsible parties were informed of the grievance policies upon admission. When asked if she was familiar with Resident #327, she stated, Yes. The Social Worker stated she reviewed the clinical record and saw the note about a grievance that was filed on [DATE]. The Social Worker stated she did not remember what the grievance was about. She stated she checked the files in her office and could not find anything regarding the grievance. The Social Worker stated she typically would complete the Grievance form and give it to the Administrator for review and signature. She stated the Administrator would sign off and return the form.</p> <p>The Social Worker stated she did not see any records of the grievance and did not know what happened to it. She stated she remembered assisting Resident # 327 with securing utilities at her home prior to discharge in [DATE] based on her notes but did not remember anything else. When asked about the process for documenting Social Services information, she stated she normally would document issues in the electronic health record but would document grievances on paper to be kept in her office. When asked if the information in the grievance was considered part of the clinical record, she stated, Yes. When asked why it was important to put social services notes in the hard chart as part of the clinical record, the Social Worker stated, It would allow staff members to follow up on the issues or grievance. A copy of social services grievance policy was requested.</p> <p>Review of the facility documentation revealed grievances for [DATE]. However, none were listed for Resident # 327.</p> <p>On [DATE] during the end of day debriefing, the Facility Administrator and Director of Nursing were informed of the findings. The Administrator and Director of Nursing stated they had no knowledge of the grievance filed on [DATE] but that there should have been documentation.</p> <p>No further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	
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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>40026</p> <p>Based on observation, interview, clinical record review and facility documentation the facility staff failed to ensure functional, and sanitary environment for the residents, staff and the public.</p> <p>The findings included:</p> <p>For the facility, the facility staff failed to ensure all 3 dryers were operational to ensure Residents had clean personal laundry as well as staff having adequate linens to care for the Resident population.</p> <p>On 12/11/2024 at 3pm a Resident Council meeting was held and in the meeting several Residents mentioned the delay in getting laundry back in a timely manner and the shortage of linens was also mentioned.</p> <p>Excerpts from the Resident council minutes revealed the following:</p> <p>On 8/14/24, 9/26/24, and 10/24/24 - Resident council minutes reflected complaints of needing more linens, (towels, sheets), long turnaround time for getting laundry back from housekeeping, and personal items missing from laundry, as well as unclean bathrooms and shower rooms.</p> <p>On 12/11/24 - Linen carts were observed low of linens such as washcloths and towels as well as sheets.</p> <p>On 12/12/24 at approximately 1:30 p.m. an interview was conducted with Other Employee #7 who was asked about staff cutting towels up to use as wash cloths, he stated that it was not something done or sanctioned by the housekeeping dept. it was the nursing staff who were doing it. When asked why they would do this he stated that there was a shortage of linen due to the dryers being broken. When asked about the dryers and how long they had been broken he stated that they have 3 dryers and 2 have been broken for a couple of months. When asked how they have managed with only 1 dryer he stated that it has not been easy they have been using it all day long. When asked if he was concerned about the possibility of damage to the one remaining dryer due to constant use, and he stated that he was.</p> <p>On 12/13/24 the Administrator was asked to supply the work orders for the dryers. The work orders revealed the following:</p> <p>5/28/24 - Repair company fixed dryer - Replaced contactor and put covers back in place. Customer provided contactor and connector. All dryers were operational.</p> <p>6/13/24 - Repair company fixed two of three dryers and made the following recommendation: Found bad connection of power to motor on upper contactor. Cleaned up for temporary fix. Need contactor and wire harness for permanent repair. Recommend replacing all 3 dryers due to age and poor condition.</p> <p>7/1/24 - Found contact connectors and wire connectors loose/ broken replaced parts listed. Two of three dryers were operational.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Birchwood Park Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Lynn Shores Drive Virginia Beach, VA 23452	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8/5/24 - Replaced parts listed. for two of the three dryers.</p> <p>No further repair orders were presented.</p> <p>On 12/19/24 the Administrator was made aware of the findings. The Administrator provided a requisition dated 12/10/24 to purchase one new dryer.</p>