

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 04/04/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, clinical record review and facility documentation the facility staff failed to ensure that Residents are treated resident with respect and dignity for 1 Resident (#111) in a survey sample of 29 Residents.</p> <p>The findings included:</p> <p>For Resident #111 the facility staff failed to ensure that Resident #111 was treated with respect and dignity during ADL incontinence care.</p> <p>Resident #111 was admitted to the facility on [DATE]. Diagnoses for Resident #111 included but are not limited to fracture of right femur, aftercare following joint replacement surgery, benign prostatic hyperplasia, major depressive disorder, hx of fall, diabetes type 2, chronic kidney disease, hyperparathyroidism, and dysphagia. Resident #111 ' s Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 3/30/25 coded Resident #111 with a BIMS (Brief Interview of Mental Status) score of 15/15 indicating no cognitive impairment.</p> <p>On 4/1/25 a review of the clinical record revealed the following progress notes:</p> <p>3/20/25 11:46 a.m.: More than 2 episodes of Loose BM's. Resident stated he had an upset stomach this morning and is feeling better. [Nurse Practitioner name redacted] CRNP made aware of the above.</p> <p>3/24/25 10:15 a.m. - Encounter for mental health services for victim of other abuse: Patient reports he was having frequent stools over the weekend. He reports the CNA had an attitude about having to change him frequently. He reports his CNA told him she could not keep coming in here and changing him. Patient denies any physical abuse, denies any injuries. Patient reassured that he is in a safe environment with people that are here to help him. Specifics of allegations reported to the unit manager. Patient unable to tell me specifically which day the event occurred or the name of the CNA.</p> <p>On the afternoon of 4/3/25 an interview was conducted with the Social Worker, the Administrator and the Unit Manager for Resident #111 ' s unit. The Social Worker stated that when the family member emailed her on 3/23/25, they stated that Resident #111 was pretty upset and told them the One of the cna's / nurses got rough today cleaning up after he had a bowel movement. Slamming stuff down . When asked what she did when she received the email, she stated that she and the Unit Manager for that unit went to interview Resident #111.</p> <p>The Social Worker stated that when she interviewed the Resident he did not claim to be abused.</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 04/04/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When asked about the types of abuse she was able to state the different types of abuse (physical, sexual, financial, verbal, emotional / psychological).</p> <p>A review of the Grievance Form filled out by the Unit Manager dated 3-24-25 read as follows:</p> <p>[Resident #111 name redacted] Date: 3-24-25 Grievance / Concern Received by: Daughter & Resident. Reported To: [Unit Manager name redacted]</p> <p>Summary of Grievance: CNA rude and spraying .</p> <p>Resolution: CNA counseled.</p> <p>On the afternoon of 4/3/25 an interview with CNA #1 was conducted and she was asked if she had taken care of Resident #111, and she stated that she had. When asked about the interaction she had with Resident #111, and she stated that he had to be changed, and she admitted to spraying air freshener in the room when she was changing him. She also stated that she was singing while she was changing him. She denied slamming things, she denied being rude or disrespectful. When asked if it could be perceived as rude to be spraying air freshener while cleaning up a resident, she stated that she did not feel it was rude. When asked if she thought it was unprofessional to be singing while caring for a resident, she stated that she Always Sings.</p> <p>A review of the personnel file for CNA #1 revealed the following excerpts from the Counseling Form related to this incident:</p> <p>Reason for action: Report of [CNA name redacted] spraying air freshener and mumbling under her breath after providing care to a resident that had a BM [bowel movement], causing the resident to feel embarrassed and uncomfortable</p> <p>Goals specifically related to employee's recent job performance:</p> <ol style="list-style-type: none"> 1. Maintain professionalism 2. Remain sensitive to resident's perception 3. Maintain dignity. <p>A review of the facility policy entitled Abuse Neglect and Exploitation Policy # 10171 revealed the following excerpts:</p> <p>Definitions:</p> <p>Verbal Abuse: Means the use of oral, written, or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.</p> <p>Mental Abuse: includes but is not limited to, humiliation, harassment, threats of punishment or deprivation .</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 04/04/2025
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/3/25, during the end of day meeting the Administrator was made aware of the findings and no further information was provided.

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 04/04/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, clinical record review and facility documentation the facility staff failed to implement the abuse policy for reporting allegations of abuse for 1 Resident (#111) in a survey sample of 29 Residents.</p> <p>The findings included:</p> <p>For Resident #111 the facility staff failed to follow abuse reporting guidelines set forth in the State Operations Manual and the facility abuse policy.</p> <p>Resident #111 was admitted to the facility on [DATE]. Diagnoses for Resident #111 included but are not limited to fracture of right femur, aftercare following joint replacement surgery, benign prostatic hyperplasia, major depressive disorder, hx of fall, diabetes type 2, chronic kidney disease, hyperparathyroidism, and dysphagia. Resident #111 's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 3/30/25 coded Resident #111 with a BIMS (Brief Interview of Mental Status) score of 15/15 indicating no cognitive impairment.</p> <p>On 4/1/25 a review of the clinical record revealed the following progress notes:</p> <p>3/20/25 11:46 a.m.: More than 2 episodes of Loose BM's. Resident stated he had an upset stomach this morning and is feeling better. [Nurse Practitioner name redacted] CRNP made aware of the above.</p> <p>3/24/25 10:15 a.m. - Encounter for mental health services for victim of other abuse: Patient reports he was having frequent stools over the weekend. He reports the CNA had an attitude about having to change him frequently. He reports his CNA told him she could not keep coming in here and changing him. Patient denies any physical abuse, denies any injuries. Patient reassured that he is in a safe environment with people that are here to help him. Specifics of allegations reported to the unit manager. Patient unable to tell me specifically which day the event occurred or the name of the CNA.</p> <p>On the afternoon of 4/3/25 an interview was conducted with the Social Worker, the Administrator and the Unit Manager for Resident #111's unit. The Social Worker stated that when the family member emailed her on 3/23/25, they stated that Resident #111 was pretty upset and told them the One of the cna's / nurses got rough today cleaning up after he had a bowel movement. Slamming stuff down . When asked what she did when she received the email, she stated that she and the Unit Manager for that unit went to interview Resident #111.The Social Worker stated that when she interviewed the Resident he did not claim to be abused. When asked about the types of abuse she was able to state the different types of abuse (physical, sexual, financial, verbal, emotional / psychological). When asked if other Residents cared for by this CNA were interviewed for possible abuse the Social Worker stated that they were not.</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 04/04/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Administrator was asked what are the steps that should be taken with an abuse allegation, and he stated that first ensure Resident safety, then report to the APS, OLC and Ombudsman and local law, if need be, then investigate the allegations. When asked if this allegation was reported he indicated that it had not been reported because the staff felt abuse had not taken place. When asked if that is the correct order in which to proceed after an abuse allegation, according to the SOM and facility policy, and he stated that the SOM and facility policy indicate reporting should be done immediately but no later than 2 hours after an allegation of abuse is made. When asked was this done in this case, he stated that it was not.</p> <p>A review of the facility policy entitled Abuse Neglect and Exploitation Policy # 10171 revealed the following excerpts:</p> <p>Page 1</p> <p>Definitions:</p> <p>Verbal Abuse: Means the use of oral, written, or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.</p> <p>Mental Abuse: includes but is not limited to, humiliation, harassment, threats of punishment or deprivation .</p> <p>Page 5 Paragraph 2</p> <p>VII. Reporting / Response</p> <p>The company will have written procedures that include:</p> <p>1.</p> <p>Reporting of all alleged violations to the Administrator, state agency, adult protective services, and all other required agencies (e.g. law enforcement when applicable) within specified timeframes:</p> <p>a.</p> <p>Immediately but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury</p> <p>On 4/3/25 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 04/04/2025
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** Based on interview, clinical record review and facility policy the facility staff failed to report allegations of abuse in a timely manner for 1 Resident (#111) in a survey sample of 29 Residents.</p> <p>The findings included:</p> <p>For Resident #111 the facility did not report allegations of abuse in the required timeframe of no later than 2 hours after the allegation is made.</p> <p>Resident #111 was admitted to the facility on [DATE]. Diagnoses for Resident #111 included but are not limited to fracture of right femur, aftercare following joint replacement surgery, benign prostatic hyperplasia, major depressive disorder, hx of fall, diabetes type 2, chronic kidney disease, hyperparathyroidism, and dysphagia. Resident #111 ' s Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 3/30/25 coded Resident #111 with a BIMS (Brief Interview of Mental Status) score of 15/15 indicating no cognitive impairment.</p> <p>On 4/1/25 a review of the clinical record revealed the following progress notes:</p> <p>3/20/25 11:46 a.m.: More than 2 episodes of Loose BM's. Resident stated he had an upset stomach this morning and is feeling better. [Nurse Practitioner name redacted] CRNP made aware of the above.</p> <p>3/24/25 10:15 a.m. - Encounter for mental health services for victim of other abuse: Patient reports he was having frequent stools over the weekend. He reports the CNA had an attitude about having to change him frequently. He reports his CNA told him she could not keep coming in here and changing him. Patient denies any physical abuse, denies any injuries. Patient reassured that he is in a safe environment with people that are here to help him. Specifics of allegations reported to the unit manager. Patient unable to tell me specifically which day the event occurred or the name of the CNA.</p> <p>On the afternoon of 4/3/25 an interview was conducted with the Social Worker, the Administrator and the Unit Manager for Resident #111 ' s unit. The Social Worker stated that when the family member emailed her on 3/23/25, they stated that Resident #111 was pretty upset and told them the One of the cna's / nurses got rough today cleaning up after he had a bowel movement. Slamming stuff down . When asked what she did when she received the email, she stated that she and the Unit Manager for that unit went to interview Resident #111.</p> <p>The Social Worker stated that when she interviewed the Resident he did not claim to be abused.</p> <p>When asked about the types of abuse she was able to state the different types of abuse (physical, sexual, financial, verbal, emotional / psychological). When asked if other Residents cared for by this CNA were interviewed for possible abuse the Social Worker stated that they were not.</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 04/04/2025
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 Administrator was asked what are the steps that should be taken with an abuse allegation, and he stated that first ensure Resident safety, then report to the APS, OLC and Ombudsman and local law, if need be, then investigate the allegations. When asked if this allegation was reported he indicated that it had not been reported because the staff felt abuse had not taken place. When asked if that is the correct order in which to proceed after an abuse allegation, according to the SOM and facility policy, and he stated that the SOM and facility policy indicate reporting should be done immediately but no later than 2 hours after an allegation of abuse is made. When asked was this done in this case, he stated that it was not.</p> <p>A review of the facility policy entitled Abuse Neglect and Exploitation Policy # 10171 revealed the following excerpts:</p> <p>Definitions:</p> <p>Verbal Abuse: Means the use of oral, written, or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.</p> <p>Mental Abuse: includes but is not limited to, humiliation, harassment, threats of punishment or deprivation .</p> <p>Page 5 Paragraph 2</p> <p>VII. Reporting / Response</p> <p>The company will have written procedures that include:</p> <p>1.</p> <p>Reporting of all alleged violations to the Administrator, state agency, adult protective services, and all other required agencies (e.g. law enforcement when applicable) within specified timeframes:</p> <p>a.</p> <p>Immediately but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury</p> <p>On 4/3/25 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 04/04/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, clinical record review and facility documentation the facility staff failed to ensure allegations of abuse and neglect are thoroughly investigated for 1 Resident (#111) in a survey sample of 29 Residents.</p> <p>The findings included:</p> <p>For Resident #111 the facility failed to thoroughly investigate allegations of abuse.</p> <p>Resident #111 was admitted to the facility on [DATE]. Diagnoses for Resident #111 included but are not limited to fracture of right femur, aftercare following joint replacement surgery, benign prostatic hyperplasia, major depressive disorder, hx of fall, diabetes type 2, chronic kidney disease, hyperparathyroidism, and dysphagia. Resident #111 's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 3/30/25 coded Resident #111 with a BIMS (Brief Interview of Mental Status) score of 15/15 indicating no cognitive impairment.</p> <p>On 4/1/25 a review of the clinical record revealed the following progress notes:</p> <p>3/20/25 11:46 a.m.: More than 2 episodes of Loose BM's. Resident stated he had an upset stomach this morning and is feeling better. [Nurse Practitioner name redacted] CRNP made aware of the above.</p> <p>3/24/25 10:15 a.m. - Encounter for mental health services for victim of other abuse: Patient reports he was having frequent stools over the weekend. He reports the CNA had an attitude about having to change him frequently. He reports his CNA told him she could not keep coming in here and changing him. Patient denies any physical abuse, denies any injuries. Patient reassured that he is in a safe environment with people that are here to help him. Specifics of allegations reported to the unit manager. Patient unable to tell me specifically which day the event occurred or the name of the CNA.</p> <p>On the afternoon of 4/3/25 an interview was conducted with the Social Worker, the Administrator and the Unit Manager for Resident #111 's unit. The Social Worker stated that when the family member emailed her on 3/23/25, they stated that Resident #111 was pretty upset and told them the One of the cna's / nurses got rough today cleaning up after he had a bowel movement. Slamming stuff down . When asked what she did when she received the email, she stated that she and the Unit Manager for that unit went to interview Resident #111.</p> <p>The Social Worker stated that when she interviewed the Resident he did not claim to be abused. When asked about the types of abuse she was able to state the different types of abuse (physical, sexual, financial, verbal, emotional / psychological). When asked if other Residents cared for by this CNA were interviewed, she stated that they were not. When asked about the interview with the Resident she stated that the Resident complained of the CNA spraying air freshener and mumbling under the breath.</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 04/04/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Administrator was asked what are the steps that should be taken with an abuse allegation, and he stated that first ensure Resident safety, then report to the APS, OLC and Ombudsman and local law, if need be, then investigate the allegations. When asked if this allegation was reported he indicated that it had not been reported because the staff felt abuse had not taken place. When asked what steps were taken to protect Residents while the investigation was ongoing, and the Administrator stated that they filled out a grievance form and, interviewed CNA #1 and wrote up a counseling statement for her as they did not feel this was abuse.</p> <p>A review of the Grievance Form filled out by the Unit Manager dated 3-24-25 read as follows:</p> <p>[Resident #111 name redacted] Date: 3-24-25 Grievance / Concern Received by: Daughter & Resident. Reported To: [Unit Manager name redacted]</p> <p>Summary of Grievance: CNA rude and spraying .</p> <p>Resolution: CNA counseled.</p> <p>On the afternoon of 4/3/25 an interview with CNA #1 was conducted and she was asked if she had taken care of Resident #111, and she stated that she had. When asked about the interaction she had with Resident #111, and she stated that he had to be changed, and she admitted to spraying air freshener in the room when she was changing him. She also stated that she was singing while she was changing him. She denied slamming things, she denied being rude or disrespectful. When asked if it could be perceived as rude to be spraying air freshener while cleaning up a resident, she stated that she did not feel it was rude. When asked if she thought it was unprofessional to be singing while caring for a resident, she stated that she Always Sings.</p> <p>A review of the personnel file for CNA #1 revealed the following excerpts from the Counseling Form related to this incident:</p> <p>Reason for action: Report of [CNA name redacted] spraying air freshener and mumbling under her breath after providing care to a resident that had a BM [bowel movement], causing the resident to feel embarrassed and uncomfortable</p> <p>Goals specifically related to employee's recent job performance:</p> <ol style="list-style-type: none"> 1. Maintain professionalism 2. Remain sensitive to resident's perception 3. Maintain dignity. <p>A review of the facility policy entitled Abuse Neglect and Exploitation Policy # 10171 revealed the following excerpts:</p> <p>Definitions:</p> <p>Verbal Abuse: Means the use of oral, written, or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing</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 04/04/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>distance regardless of their age, ability to comprehend, or disability.</p> <p>Mental Abuse: includes but is not limited to, humiliation, harassment, threats of punishment or deprivation .</p> <p>On 4/3/25, 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 04/04/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident interviews, staff interview, and clinical record review the facility staff failed to provide needed oral care to a dependent resident receiving enteral feedings for 1 of 29 residents (Resident #123), in the survey sample.</p> <p>The findings included:</p> <p>The facility staff failed to provide needed oral care to a dependent resident receiving enteral feedings, Resident #123.</p> <p>Resident #123 was originally admitted to the facility 6/10/2022 and readmitted [DATE] after an acute care hospital stay. The current diagnoses included a stroke with hemiparesis, dysphagia causing pulmonary aspiration, enteral feedings are required.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/28/2025 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>Resident # 128's care plan with a revision dated of 3/20/25 stated (name of resident) has an ADL self-care performance deficit related to a CVA with hemiparesis. The goal stated (name of resident) will improve current level of function in ADLs through the review date, 6/29/25. The intervention dated 7/20/22 stated, oral care routine (AM, PC, HS) brush (name of resident) teeth, rinse dentures, clean gums with toothette, and rinse mouth with wash.</p> <p>An observation was made of Resident #123 on 4/1/25 at approximately 1:31 PM. The resident was in bed at a 60-degree position. The resident was attempting to make a need known but experienced much difficulty because his difficulty with speech and the hygiene of his oral cavity. The resident's lips were covered with very dry and stringy mucus, while the inside of his mouth and his tongue was with a large amount of dry and whitish mucus.</p> <p>On 4/3/25 at approximately 4:05 PM another observation was made of Resident #123 while he was in bed. The resident inner mouth and his lips were with a large amount of dried which made it difficult for him to open and close his mouth. The resident cleared his throat and moved his head to stated that his lips and mouth were dry and uncomfortable.</p> <p>On 4/3/25 at approximately 5:25 PM, a final interview was conducted with the Administrator, Director of Nursing, the Assistant Director of Nursing and four Corporate Consultants. The above information was reviewed, and the Director of Nursing stated the resident had received oral care and going forward they would stay on top of his oral care needs.</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 04/04/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interview, staff interview, and clinical record review, the facility staff failed to maintain ongoing records of communication between the facility and the dialysis center for 2 of 29 residents (Resident 126 and Resident #128), in the survey sample.</p> <p>The findings included:</p> <p>1. Resident #126 was originally admitted to the facility 6/25/24. The current diagnoses included end stage renal disease requiring dialysis. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 1/2/25 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #126's cognitive abilities for daily decision making were intact</p> <p>A review of the Resident #126's dialysis communication book revealed no communications notes from the dialysis center on 3/24/25 and 3/26/25. An interview was conducted with the Resident #126 on 4/3/25 at 4:35 PM. The resident stated she received dialysis services on Mondays, Wednesdays and Fridays, and she attended dialysis on 3/24/25. The resident further stated that she missed dialysis on 3/26/25 because she had a dermatology appointment, regarding the underarm irritation.</p> <p>The person-centered care plan dated 6/27/24 had a problem which stated (name of the resident) needs hemodialysis related to renal failure. The goal read (name of the resident) will have no signs or symptoms of complications from dialysis through the review date, 7/6/25. The interventions included Coordinate plan of care with dialysis as needed but it failed to include ongoing communication, coordination and collaboration between the nursing home and the dialysis center.</p> <p>An interview was conducted with the Licensed Practical Nurse (LPN) #3 at approximately 4:30 PM. LPN #3 stated there were no dialysis communication notes in the book for 3/24/25 or 3/26/25, but she had spoken with the Unit Manager to determine if they had been removed to be uploaded to the electronic record by medical records. On 4/3/25 at approximately 5:05 PM the Unit Manager stated they were unable to locate dialysis communications which were not in the communication's book.</p> <p>On 4/3/25 at approximately 5:25 PM, a final interview was conducted with the Administrator, Director of Nursing, the Assistant Director of Nursing and four Corporate Consultants. The above information was reviewed, and the facility's Team offered no comments and voiced no concerns. 2. Resident #128 was originally admitted to the facility 01/02/24 and readmitted on [DATE]. The facility staff failed to maintain ongoing records of communication between the facility and the dialysis center. The current diagnoses included end stage renal disease requiring dialysis. The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 01/09/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #128's cognitive abilities for daily decision making were intact</p> <p>A review of the Resident #128's dialysis communication book revealed no communications notes from the dialysis center for last week of February. An interview was conducted with the Resident #128 on 4/03/25 at 1:30 PM. The resident stated that he received dialysis services Monday through Friday and carries the communication book from the his unit to the dialysis Monday through Friday.</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 04/04/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The person-centered care plan dated 2/16/24 reads Resident #128 has End Stage Renal Disease (ESRD) and does require Dialysis interventions at this time - conducted inhouse with Dialyze Direct Mon - Fri. The goal read the resident will have immediate intervention should any s/sx of complications from dialysis occur through the review date. The interventions included Dialysis Communication Record is sent to the dialysis center with each appointment, and return of form is ensured after appointment is completed and to Dialyze Direct in-house dialysis m-f.</p> <p>An interview was conducted with the Licensed Practical Nurse (LPN) #3 at approximately 3:45 PM. LPN #3 stated there were no dialysis communication notes in the book for the last 2 weeks of February 2025 (excluding Saturday and Sunday) because the medical records staff need to upload them in electronic medical records (EMR).</p> <p>On 4/3/25 at approximately 5:25 PM, a final interview was conducted with the Administrator, Director of Nursing, the Assistant Director of Nursing and Corporate Consultants. The above information was reviewed. No further information was given.</p>		