

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	

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** Based on interview, clinical record review and facility documentation, the facility staff failed to immediately notify the physician and also notify the Resident's Representative when there is a significant change in the resident condition for one Resident (#1) in a survey sample of 20 Residents.</p> <p>The findings included:</p> <p>For Resident #1 the facility staff failed to notify the Resident Representative of changes in skin condition, (injury of unknown origin, skin tear, possible pressure areas, and open area on shoulder).</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses that included but are not limited to dementia, severe protein calorie malnutrition, major depressive disorder, age related physical debility, restlessness, dysphagia, insomnia, osteoporosis, rheumatoid arthritis and pain.</p> <p>Resident #1's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of [DATE] coded Resident #1 as unable to assess, indicating Resident #1 has severe cognitive impairment. In addition, the Minimum Data Set, coded Resident #1 as requiring 4- total dependence, on staff, for Activities of Daily Living care. Resident #1 expired in the facility on [DATE].</p> <p>On [DATE] a review of the clinical record revealed that on several occasions changes in Resident #1's condition were not reported to the Resident Representative.</p> <p>On [DATE] a review of the clinical record revealed the following notes from RN#1:</p> <p>[DATE] 10:35 a.m. The above resident has an area to her chest which is black and blue will notify the nurse practitioner.</p> <p>[DATE] 2:27 a.m.- This nurse noted skin tears/skin flaps on bilateral posterior wrist that had dried blood on the areas. Resident crosses arms and has been noted scratching self at times, Areas cleaned and steri strips applied, booked for medical.</p> <p>[DATE] 10:05 p.m. - Redden [sic] blisters noted to outside of both feet no discomfort noted.</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: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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] 2:04 a.m. -Open area noted on left posterior shoulder. New treatment initiated. Left posterior shoulder- Cleanse with DWC [Dermal Wound Cleanser], pat dry, apply bacitracin and cover with a foam dressing or border gauze, Q Day. Every evening shift for wound care. Referred to medical for further orders. Will have on coming shift notify POA.</p> <p>On the morning of [DATE] an interview was conducted with the Administrator who stated that when he started working at the facility, he cleaned house. When asked what was meant by the phrase cleaned house, he stated that they had gotten rid of staff that were not performing to facility expectations.</p> <p>[DATE] at 4:00 p.m. an interview was conducted with the ADON who stated that she has only been working in the facility a month but reviewed the record and was unable to find documentation of immediate Physician and / or RP notification of changes in condition for [DATE], [DATE], [DATE], and [DATE].</p> <p>A review of Resident#1's care plan revealed the following:</p> <p>FOCUS: Resident is at risk for impaired skin integrity r/t incontinence, r/t impaired mobility. Date Initiated: [DATE]</p> <p>GOAL:</p> <p>Resident skin will remain intact throughout the review period. Date Initiated: [DATE] Revision on: [DATE] Target Date: [DATE]</p> <p>Keep skin dry, clean and well lubricated Date Initiated: [DATE]</p> <p>Monitor skin condition daily during care and report changes Date Initiated: [DATE]</p> <p>INTERVENTIONS:</p> <p>Report to MD any signs of deterioration or significant change to area of impairment Date Initiated: [DATE]</p> <p>Skin Observation Date Initiated: [DATE].</p> <p>A review of the policy entitled Notification of Changes dated 9/2024 read:</p> <p>Page 1:</p> <p>Policy: The purpose of this policy is to ensure the facility promptly consults the resident's physician and notified consistent with his or her authority the residents representative when there is a change requiring notification.</p> <p>Compliance Guidelines:</p> <p>Circumstances requiring notification include:</p> <p>1. Accidents</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	

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>a. Resulting in injury</p> <p>b. Potential to require physician intervention.</p> <p>2. Significant change in the residents physical, mental or psychosocial Condition such as deterioration in health, mental or psychosocial status that may include:</p> <p>a. Life -threatening conditions or</p> <p>b. Clinical complications</p> <p>3. Circumstances that require a need to alter treatment This may include:</p> <p>a. New treatment</p> <p>b. Discontinuation of current treatment due to:</p> <p>i. Adverse consequences.</p> <p>ii. Acute condition</p> <p>iii. Exacerbation of a chronic condition .</p> <p>On [DATE] during the end of day meeting the Administrator was notified of the concerns and no further information was provided.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	

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, neglect policy for one (1) Resident (#1) in a survey sample of 20 Residents.</p> <p>The findings included:</p> <p>For Resident #1 the facility staff failed to implement the abuse policy when an injury of unknown origin was found.</p> <p>Resident #1 was admitted to the facility on [DATE]. Diagnoses for Resident #1 included but are not limited to dementia, severe protein calorie malnutrition, major depressive disorder, age related physical debility, restlessness, dysphagia, insomnia, osteoporosis, rheumatoid arthritis and pain. Resident #1 's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of [DATE] coded Resident #1 as unable to assess, indicating Resident #1 has severe cognitive impairment. In addition, the Minimum Data Set Coded Resident #1 as requiring 4- total dependence, on staff, for Activities of Daily Living care. Resident #1 expired in the facility on [DATE].</p> <p>On [DATE] a review of the clinical record revealed the following note from RN#1:</p> <p>[DATE] 10:35 a.m. The above resident has an area to her chest which is black and blue will notify the nurse practitioner.</p> <p>Between [DATE] - [DATE] attempts times three were made to contact RN #1 (who discovered the black and blue to Resident #1's chest) were met with a recording stating the phone number was unable to accept calls at this time.</p> <p>On the morning of [DATE] an interview was conducted with the Administrator who was asked who the Abuse Coordinator is, and he responded that he was. When asked if an injury of unknown origin should be reported to the physician, Resident Representative and the appropriate state agencies, he stated that it should be investigated and reported. At that time a request was made to the Administrator to for the investigation into this injury of unknown origin, the Administrator stated that he did not have any investigations related to the Resident #1 and an injury of unknown origin.</p> <p>On [DATE] at approximately 2 p.m. an interview was conducted with CNA #2 who stated that if the CNA's find any new skin areas, either injury or skin breakdown they are supposed to immediately report it to the nurse on the floor.</p> <p>On [DATE] at 3:00 pm an interview was conducted with LPN #4 who stated that the facility policy is to notify the physician, and family of any injury or changes in condition for all Residents. When asked if a discolored area is described as black and blue would that be something that should be reported to the physician and family she stated that it should. When asked if a black and blue area to the chest, is found on a Resident who is nonverbal, should be of concern, she stated that it would be a bigger concern. When asked why this would be a bigger concern she stated that it could possibly be from abuse or neglect.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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>On [DATE] at approximately 5 p.m. an interview was conducted the ADON who stated that it is the expectation of the facility to notify the physician and Resident Representative of any changes in the condition of the Resident to include any injury of unknown origin. The ADON was asked to provide any documents related to the injury of unknown origin</p> <p>[DATE] at 4:00 p.m. an interview was conducted with the ADON who stated that she has only been working in the facility a month but reviewed the record and was unable to find documentation of immediate Physician and Resident Representative notification of changes in condition for [DATE].</p> <p>On [DATE] a review of the policy, entitled Unexplained Injuries dated 09/2024 24 revealed the following excerpts.</p> <p>All unexplained injuries, including bruises, and injuries of unknown source will be investigated.</p> <p>Policy explanation and compliance:</p> <ol style="list-style-type: none"> 1. observations of any unexplained injuries shall be reported immediately to the residence nurse. 2. Care and treatment shall be provided to the resident as needed. This includes physician, notification, implementation of physician, orders, or facility protocols. 3. An incident report shall be completed. If an allegation of abuse is made or if the injury is of unknown source reporting and investigating procedures shall be implemented in accordance with the facilities, abuse policies, and procedures. 4. An injury should be classified as injury of unknown source when both of the following conditions are met: <ol style="list-style-type: none"> a. The source of the injury was not observed by any person, or the source of injury could not be explained by the Resident; and b. The injury is suspicious because of: <ol style="list-style-type: none"> i. The extent of the injury or ii. The location of the injury (e.g , the injury is located in an area not generally vulnerable to trauma) or: iii. The number of injuries observed in one particular point of time or: iv. The incidents of injuries overtime 5. Relevant information shall be documented in the residence, medical record, including, but not limited to: <ol style="list-style-type: none"> a physical assessment, findings, including objective description of the injury. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	

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>b. Risk factors and conditions that could cause or predisposed someone to similar signs and symptoms.</p> <p>c. Notification of physician and his or her response.</p> <p>d. Actions taken to meet the residence, immediate needs and implementation of physician orders.</p> <p>e. notification of resident representative.</p> <p>6. The facility shall modify the residence care plan as needed to prevent reoccurrence or to stabilize, reduce, or remove underlying risk factors contributing to the injury.</p> <p>A review of the facility policy for Abuse Neglect and Exploitation revealed the following excerpt from page 5:</p> <p>Pg 5:</p> <p>A. The facility will have written procedures to assist staff in identifying the different types of abuse-mental/verbal abuse, sexual abuse, physical abuse and the deprivation by an individual of goods and or services. This includes staff to resident abuse and certain resident to resident altercations.</p> <p>Possible indicators of abuse include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Resident, staff or family member report of abuse 2. Physical marks such as bruises or patterned appearances such as a handprint, blet or ring mark on a residents body. 3. Physical injury of a resident, of unknown source. <p>On [DATE] 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: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 documentation the facility staff failed to ensure the timely reporting of allegations of abuse and neglect, to include injury of unknown source, for one (1) Resident (#1) in a survey sample of 20 Residents.</p> <p>The findings included:</p> <p>For Resident #1 the facility did not report an injury of unknown origin in the required timeframes.</p> <p>Resident #1 was admitted to the facility on [DATE]. Diagnoses for Resident #1 included but are not limited to dementia, severe protein calorie malnutrition, major depressive disorder, age related physical debility, restlessness, dysphagia, insomnia, osteoporosis, rheumatoid arthritis and pain. Resident #1's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of [DATE] coded Resident #1 as unable to assess, indicating Resident #1 has severe cognitive impairment. In addition, the Minimum Data Set, coded Resident #1 as requiring 4 total dependence, on staff, for Activities of Daily Living care. Resident #1 expired in the facility on [DATE].</p> <p>On [DATE] a review of the clinical record revealed the following note from RN#1:</p> <p>[DATE] 10:35 a.m. The above resident has an area to her chest which is black and blue will notify the nurse practitioner.</p> <p>Between [DATE] - [DATE] attempts times three were made to contact RN #1 (who discovered the black and blue to Resident #1's chest) were met with a recording stating the phone number was unable to accept calls at this time.</p> <p>On the morning of [DATE] an interview was conducted with the Administrator who was asked who the Abuse Coordinator is, and he responded that he was. When asked if an injury of unknown origin should be reported to the physician, Resident Representative and the appropriate state agencies, he stated that it should be investigated and reported. At that time a request was made to the Administrator to for the investigation into this injury of unknown origin, the Administrator stated that he did not have any FRI's (Facility Reported Incidents) related to the Resident #1 and an injury of unknown origin.</p> <p>On [DATE] at approximately 2 p.m. an interview was conducted with CNA #2 who stated that if the CNA's find any new skin areas, either injury or skin breakdown they are supposed to immediately report it to the nurse on the floor.</p> <p>On [DATE] at 3:00 pm an interview was conducted with LPN #4 who stated that the facility policy is to notify the physician, and family of any injury or changes in condition for all Residents. When asked if a discolored area is described as black and blue would that be something that should be reported to the physician and family she stated that it should. When asked if a black and blue area to the chest, is found on a Resident who is nonverbal, should be of concern, she stated that it would be a bigger concern. When asked why this would be a bigger concern she stated that it could possibly be from abuse or neglect.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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>On [DATE] at approximately 5 p.m. an interview was conducted the ADON who stated that it is the expectation of the facility to notify the physician and Resident Representative of any changes in the condition of the Resident to include any injury of unknown origin. The ADON was asked to provide any documents related to the injury of unknown origin</p> <p>[DATE] at 4:00 p.m. an interview was conducted with the ADON who stated that she has only been working in the facility a month but reviewed the record and was unable to find documentation of immediate Physician and Resident Representative notification of changes in condition for [DATE].</p> <p>On [DATE] a review of the policy, entitled Unexplained Injuries dated 09/2024 24 revealed the following excerpts.</p> <p>Policy:</p> <p>All unexplained injuries, including bruises, and injuries of unknown source will be investigated.</p> <p>Policy explanation and compliance:</p> <ol style="list-style-type: none"> 1. observations of any unexplained injuries shall be reported immediately to the residence nurse. 2. Care and treatment shall be provided to the resident as needed. This includes physician, notification, implementation of physician, orders, or facility protocols. 3. An incident report shall be completed. If an allegation of abuse is made or if the injury is of unknown source reporting and investigating procedures shall be implemented in accordance with the facilities, abuse policies, and procedures. 4. An injury should be classified as injury of unknown source when both of the following conditions are met: <ol style="list-style-type: none"> a. The source of the injury was not observed by any person, or the source of injury could not be explained by the Resident; and b. The injury is suspicious because of: <ol style="list-style-type: none"> i. The extent of the injury or ii. The location of the injury (e.g , the injury is located in an area not generally vulnerable to trauma) or: iii. The number of injuries observed in one particular point of time or: iv. The incidents of injuries overtime. <p>A review of the facility policy for Abuse Neglect and Exploitation revealed the following excerpt from page 5: Pg 5. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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. The facility will have written procedures to assist staff in identifying the different types of abuse-mental/verbal abuse, sexual abuse, physical abuse and the deprivation by an individual of goods and or services. This includes staff to resident abuse and certain resident to resident altercations.</p> <p>Possible indicators of abuse include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Resident, staff or family member report of abuse 2. Physical marks such as bruises or patterned appearances such as a handprint, blet or ring mark on a residents body. 3. Physical injury of a resident, of unknown source. <p>Pg 5.</p> <p>VII. Reporting / Response</p> <p>A. The facility will have written procedures that include:</p> <ol style="list-style-type: none"> 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: <ol style="list-style-type: none"> a. Immediately but not later than 2 hours if the allegation is made, if the events that cause the allegation, involve abuse OR result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury . <p>On [DATE] 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: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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**</p> <p>Based on interview, clinical record review and facility documentation the facility staff failed to ensure allegations of abuse and neglect to include injuries of unknown origin, are thoroughly investigated for one (1) Resident (#1) in a survey sample of 20 Residents.</p> <p>The findings included:</p> <p>For Resident #1 the facility staff failed to thoroughly investigate a black and blue bruise to the Resident's chest area.</p> <p>Resident #1 was admitted to the facility on [DATE]. Diagnoses for Resident #1 included but are not limited to dementia, severe protein calorie malnutrition, major depressive disorder, age related physical debility, restlessness, dysphagia, insomnia, osteoporosis, rheumatoid arthritis and pain. Resident #1 's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of [DATE] coded Resident #1 as unable to assess, indicating Resident #1 has severe cognitive impairment. In addition, the Minimum Data Set, coded Resident #1 as requiring 4- total dependence, on staff, for Activities of Daily Living care. Resident #1 expired in the facility on [DATE].</p> <p>On [DATE] a review of the clinical record revealed the following note from RN#1:</p> <p>[DATE] 10:35 a.m. The above resident has an area to her chest which is black and blue will notify the nurse practitioner.</p> <p>Between [DATE] - [DATE] attempts times three made to contact RN #1 (who discovered the black and blue to Resident #1's chest) were met with a recording stating the phone number was unable to accept calls at this time.</p> <p>On the morning of [DATE] an interview was conducted with the Administrator who was asked who the Abuse Coordinator is, and he responded that he was. When asked if an injury of unknown origin should be reported to the physician, Resident Representative and the appropriate state agencies, he stated that it should be investigated and reported. At that time a request was made to the Administrator to for the investigation into this injury of unknown origin, the Administrator stated that he did not have any FRI's (Facility Reported Incidents) related to the Resident #1 and an injury of unknown origin.</p> <p>On [DATE] at approximately 2 p.m. an interview was conducted with CNA #2 who stated that if the CNA's find any new skin areas, either injury or skin breakdown they are supposed to immediately report it to the nurse on the floor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	

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>On [DATE] at 3:00 pm an interview was conducted with LPN #4 who stated that the facility policy is to notify the physician, and family of any injury or changes in condition for all Residents. When asked if a discolored area is described as black and blue would that be something that should be reported to the physician and family she stated that it should. When asked if a black and blue area to the chest, is found on a Resident who is nonverbal, should be of concern, she stated that it would be a bigger concern. When asked why this would be a bigger concern she stated that it could possibly be from abuse or neglect.</p> <p>On [DATE] at approximately 5:00 p.m. an interview was conducted the ADON who stated that it is the expectation of the facility to notify the physician and Resident Representative of any changes in the condition of the Resident to include any injury of unknown origin. The ADON was asked to provide any documents related to the injury of unknown origin.</p> <p>A review of the policy entitled Abuse, Neglect and Exploitation revealed the following excerpt from page 5:</p> <p>V. Investigation of alleged, abuse, neglect, and exploitation.</p> <p>A. An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect or exploitation occur.</p> <p>B. Written procedures for investigations include:</p> <ol style="list-style-type: none"> 1. identifying staff responsible for investigation. 2. Two. Caution and handle evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence) 3. Investigating different types of alleged violation. 4. Identifying an interviewing, all involved persons, including the alleged victim, alleged, perpetrator, witnesses, and others who might have knowledge of allegations. 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause, and 6. Providing complete and thorough documentation of the investigation. <p>On [DATE] 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: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, Resident interview, staff interview and clinical record review, the facility staff failed to ensure that the baseline care plan was person-centered and effective for one Resident (Resident # 15) in a survey sample of 20 Residents.</p> <p>1. For Resident # 15, the facility staff failed to address communication needs for a Spanish speaking resident.</p> <p>The findings included:</p> <p>For Resident #15, the facility staff failed to address communication needs for a Spanish speaking resident.</p> <p>Resident #15 was admitted to the facility on [DATE] with the diagnoses of, but not limited to, Sepsis, Type 2 Diabetes Mellitus, Chronic Kidney Disease Stage 3B, Essential Hypertension and Peripheral Vascular Disease, anemia.</p> <p>Resident #15 was admitted the day prior to the start of the survey. Therefore, no Minimum Data Set (MDS) Assessment was completed because it was too soon. indicating no cognitive impairment.</p> <p>Review of the clinical record was conducted on 4/9/2025-4/10/2025.</p> <p>Review of the baseline care plan revealed there was no mention of the fact that Resident # 15 spoke Spanish. There were no concerns, goals nor interventions listed for communication.</p> <p>During rounds on 4/8/2025 at 1:15 p.m., Resident # 15 was observed lying in the bed and facing the door. When the surveyor said hello, Resident # 15 turned to the visitor in the room and spoke in another language. The visitor stated he was the son of Resident # 15 and could translate for Resident # 15.</p> <p>On 4/9/2025 at approximately 1:10 p.m., Resident # 15 was observed sitting up in bed. The lunch tray was on the overbed table located at the foot of the bed. There was a staff member standing in the room. The staff member identified herself as Therapy staff and stated the resident did not want to eat. The therapy staff person stated the resident spoke Spanish but that she did not speak Spanish. The Therapy staff member pulled out her cellular phone while stating that she guessed she could try to use the phone to translate. The Resident's son was not in the room.</p> <p>In Spanish, the surveyor asked Resident #15 if she wanted to eat. Resident # 15 responded no. When the surveyor asked Resident #15 if she saw what was on the tray, Resident # 15 stated no. The surveyor lifted the cover on the tray and described in Spanish the foods that were on the tray, Resident # 15 said yes to the fish and potatoes that were on the tray. When the surveyor asked Resident # 15 in Spanish what she wanted to drink, she replied agua (water). She stated she did not want the tea that was on the lunch tray. There was a cup of water on the bedside table Resident # 15 was observed eating some of the fish and potatoes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/9/2025 at 2:10 p.m., Resident # 15 was in the room alone. The son was not in the room.</p> <p>On 4/9/2025 at 4:45 p.m., Resident # 15 was observed sitting was up in the chair by the bed. The son was not in the room.</p> <p>On 4/10/2025 at 9:11 a.m., an interview was conducted with the Certified Nursing Assistant # 2 who stated Resident # 15 spoke Spanish but did say some words in English. Certified Nursing Assistant # 2 stated that Resident # 15's son stated he was available to translate anytime the staff needed him to do it.</p> <p>On 4/10/2025 at 9:18 a.m., an interview was conducted with the Certified Nursing Assistant # 6 stated she was aware that the Resident # 15 spoke Spanish and that she tried to communicate with her by pointing to objects and letting the nurses know if there was something the son needed to help convey.</p> <p>On 4/10/2025 at 1:15 p.m., an interview was conducted with Licensed Practical Nurse # 4 who stated it was important for the staff to be able to communicate with the Resident. Licensed Practical Nurse # 4 stated she had an app on her phone that could help to translate.</p> <p>On 4/10/2025 during the end of day debriefing, the Administrator, Assistant Director of Nursing and Regional Nurse Consultant were informed of the findings. The Administrator stated the facility staff could communicate with Resident # 15 by consulting with the son. The Administrator stated the staff posted the telephone number to a Translation Services line after the surveyor questioned how the staff communicated with the resident.</p> <p>The Regional Nurse Consultant (Corporate-1) stated it was not appropriate for the staff to utilize the son for translation of some of the concerns that might be medical or sensitive to Resident # 15. She stated the staff should use the Translation services line provided by the facility. She also stated that the couple of words Resident # 15 spoke in English did not ensure the resident understood what the staff members were saying. They stated communication needs should be addressed on the care plan.</p> <p>No further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2. The facility staff failed to review and revise the person centered care plan as the resident's condition changed for Resident #10.</p> <p>Resident #10 was originally admitted to the facility 3/6/2025 after an acute care hospital stay. The current diagnoses included chronic non-occlusive DVT and congestive heart failure with a reduced ejection factor of 30 percent. The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/12/2025 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 5 out of a possible 15. This indicated Resident #10's cognitive abilities for daily decision making were severely impaired.</p> <p>An interview was conducted with Resident #10 on 4/9/25 at approximately 12:10 PM. Resident #10 stated she had an opened sore on her bottom and it was painful and itched, although the nurses put a bandage on it daily. The resident also stated she used a wheelchair to get around but several hours each day she sits in a reclining chair beside her window and watches the people outside.</p> <p>A review on the resident's person centered care plan revealed the following problem dated 3/6/25: Resident is at risk for impaired skin integrity related to deconditioning, the goal stated, the resident's skin will remain intact through out the review period, 6/17/25, the interventions stated, apply moisturizer as needed to the skin, do not massage over bony prominences and use mild cleansers for peri care/washing. The care plan failed to address the opened area to the resident's sacrum identified on 3/17/25.</p> <p>On 4/10/25 at approximately 11:00 AM an observation was made of Resident #10's sacral pressure ulcer with the Assistant Director of Nursing (ADON) and Licensed Practical Nurse (LPN) #4. The observation revealed the resident had three small openings in the crack of the buttock, the injured tissue was pink, without drainage and measured 2.5 cm by 1 cm. The sacral pressure ulcer was assessed to be a stage two.</p> <p>On 4/10/24 at approximately 5:43 PM, a final interview was conducted with the Administrator, the ADON and a Corporate Consultant. The above information was reviewed, and the Administrator stated Resident #10's care plan would be revised to address the pressure ulcer.</p> <p>Based on interview, clinical record review and facility documentation the facility staff failed to develop and implement a person-centered care plan that is reviewed and revised for one (1) Resident (#1) in a survey sample of 20 Residents.</p> <p>The findings included:</p> <p>For Resident #1 the facility staff failed to review and revise the care plan after injuries, skin tear, pressure areas, and failed to have the required members of interdisciplinary team input on one care plan meeting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 was admitted to the facility on [DATE]. Diagnoses for Resident #1 included but are not limited to dementia, severe protein calorie malnutrition, major depressive disorder, age related physical debility, restlessness, dysphagia, insomnia, osteoporosis, rheumatoid arthritis and pain. Resident #1's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 1/9/25 coded Resident #1 as unable to assess, indicating Resident #1 has severe cognitive impairment. In addition, the Minimum Data Set, coded Resident #1 as requiring 4- total dependence, on staff, for Activities of Daily Living care. Resident #1 expired in the facility on 2/14/25.</p> <p>A review of the clinical record revealed the following progress notes:</p> <p>10/22/24 2:27 a.m.- This nurse noted skin tears/skin flaps on bilateral posterior wrist that had dried blood on the areas. Resident crosses arms and has been noted scratching self at times, Areas cleaned and steri strips applied, booked for medical.</p> <p>1/3/25 10:05 p.m. - Redden [sic] blisters noted to outside of both feet no discomfort noted.</p> <p>1/25/25 2:04 a.m. -Open area noted on left posterior shoulder. New treatment initiated. Left posterior shoulder- Cleanse with DWC [Dermal Wound Cleanser], pat dry, apply bacitracin and cover with a foam dressing or border gauze, Q Day. Every evening shift for wound care. Referred to medical for further orders. Will have on coming shift notify POA.</p> <p>2/9/25 9:42 p.m. - Call [sic] to room by CNA noted darken [sic] area under resident [sic] left foot great toe. left [sic] message for on call NP no pain noted. spoke to resident POA Daughter concern [sic] about resident [sic] health condition. Appetite poor. Drinking small sips of water. Reposition for comfort.</p> <p>A review of Resident #1's care plan for skin integrity read:</p> <p>FOCUS: Resident is at risk for impaired skin integrity r/t incontinence, r/t impaired mobility. Date Initiated: 01/23/2025</p> <p>GOAL:</p> <p>Resident skin will remain intact throughout the review period. Date Initiated: 01/23/2025 Revision on: 02/18/2025 Target Date: 04/23/2025</p> <p>Keep skin dry, clean and well lubricated Date Initiated: 01/23/2025</p> <p>Monitor skin condition daily during care and report changes Date Initiated: 01/23/2025</p> <p>INTERVENTIONS:</p> <p>Report to MD any signs of deterioration or significant change to area of impairment Date Initiated: 01/23/2025</p> <p>Skin Observations Date Initiated: 01/23/2025</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4/10/25 at 4:00 p.m. an interview was conducted with the ADON who stated that she has only been working in the facility a month but reviewed the record and was unable to find documentation of immediate Physician and / or RP notification of changes in condition for 10/15/24, 10/22/24, 1/3/25, and 1/25/25. When asked when care plans should be updated, she stated that when there are changes in a Resident's condition, treatment or new diagnoses the care plan should be updated, and also quarterly with the care plan meetings.</p> <p>A review of the policy, entitled Comprehensive Care Plans dated September 2024 read as follows:</p> <p>Policy:</p> <p>It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that include measurable objectives, and time frames to meet a residents. Medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>4.</p> <p>The comprehensive care plan will be prepared by an interdisciplinary team, that includes, but is not limited to:</p> <p>a.</p> <p>The attending physician or non-physician practitioner design involved in the resident and the residence care if the physician is unable to participate in the development of the care plan.</p> <p>b.</p> <p>A registered nurse with the responsibility for the resident.</p> <p>c.</p> <p>A member of food and nutrition services staff</p> <p>d.</p> <p>The resident and the resident representative to the extent practical.</p> <p>e.</p> <p>Staff or professionals in disciplined as determined by the residents needs or as requested by the resident. Examples include but are not limited to:</p> <p>i. The RAI coordinator</p> <p>ii. Activities Director / staff</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>iii. Social Services Director / Social Worker</p> <p>iv. Licensed therapist</p> <p>v. Family member, surrogate or others desired by the resident.</p> <p>vi. Administrator</p> <p>vii. Discharge coordinator</p> <p>5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment.</p> <p>6. The comprehensive care plan will include measurable objectives, and time frames to meet the residence needs as identified in the residence comprehensive assessment. The objectives will be utilized to monitor the residence progress alternative interventions will be documented as needed.</p> <p>On 4/10/25 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: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observations, resident interviews, staff interviews, and a clinical record review, the facility staff failed to recognize and act on symptoms of an exacerbation of heart failure for 1 of 20 residents (Resident #10), in the survey sample.</p> <p>The findings included:</p> <p>Resident #10 was originally admitted to the facility 3/6/2025 after an acute care hospital stay. The current diagnoses included chronic non-occlusive DVT and congestive heart failure with a reduced ejection factor of 30 percent. The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/12/2025 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 5 out of a possible 15. This indicated Resident #10's cognitive abilities for daily decision making were severely impaired.</p> <p>An interview was conducted with Resident #10 on 4/9/25 at approximately 12:10 PM. Resident #10 stated she was with a dry cough and she needed to take some cough syrup her mother taught her to make and she had passed the recipe on to her daughter. The resident further stated the cold was not getting any better and it was unusual for the homemade cough syrup not to work. The resident stated the cough syrup normally clears a cold in just a few days and this had been going on for weeks.</p> <p>Resident #10 also stated the edema to her left leg was the results of a blood clot and she did not know why the right leg was swelling. An observation of the left leg, ankle and foot revealed plus two to three pitting edema and the right leg, ankle and foot revealed plus two pitting edema.</p> <p>The resident stated she had compression hose at one time but was told the fit was not good therefore more would be obtained but currently she did not have any. The resident was observed wearing non-skid socks which were leaving indentations into both legs. The resident stated she had not been weighed on 4/9/25 or for a few days therefore she was unaware of her current weight.</p> <p>An interview was conducted with the Assistant Director of Nursing (ADON) on 4/9/25 at approximately 4:40 PM. The ADON weighed the resident and the resident's weight was 149 pounds, an increase of over 3 pounds in one day. A physician's order dated 4/10/25 revealed an additional diuretic, Metolazone Oral Tablet 5 MG, Give 1 tablet by mouth one time a day for CHF, edema for 3 days, was added to the resident's treatment plan.</p> <p>On 4/10/25 at approximately 5:43 PM, a final interview was conducted with the Administrator, the Assistant Director of Nursing (ADON) and a Corporate Consultant. The above information was reviewed, and the ADON stated that the resident would have ongoing assessments with interventions if needed.</p> <p>If you have heart failure, your heart can't supply enough blood to meet your body's needs. Symptoms may develop slowly. Sometimes, heart failure symptoms start suddenly. Heart failure symptoms may include:</p> <p>Shortness of breath with activity or when lying down.</p> <p>Fatigue and weakness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Swelling in the legs, ankles and feet.</p> <p>Rapid or irregular heartbeat.</p> <p>Reduced ability to exercise.</p> <p>Wheezing.</p> <p>A cough that doesn't go away or a cough that brings up white or pink mucus with spots of blood.</p> <p>Swelling of the belly area.</p> <p>Very rapid weight gain from fluid buildup.</p> <p>Nausea and lack of appetite.</p> <p>Difficulty concentrating or decreased alertness.</p> <p>Chest pain if heart failure is caused by a heart attack. (https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observations, resident interviews, staff interviews, and a clinical record review, the facility staff failed to prevent a pressure ulcer and manage care of an avoidable pressure ulcer after it was acquired for 1 of 20 residents (Resident #10), in the survey sample.</p> <p>The findings included:</p> <p>Resident #10 was originally admitted to the facility 3/6/2025 after an acute care hospital stay. The current diagnoses included chronic non-occlusive DVT and congestive heart failure with a reduced ejection factor of 30 percent. The admission Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/12/2025 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 5 out of a possible 15. This indicated Resident #10's cognitive abilities for daily decision making were severely impaired.</p> <p>An interview was conducted with Resident #10 on 4/9/25 at approximately 12:10 PM. Resident #10 stated she had an opened sore on her bottom and it was painful and itched, although the nurses put a bandage on it daily. The resident also stated she used a wheelchair to get around but several hours each day she sits in a reclining chair beside her window and watches the people outside.</p> <p>A review on the resident's person centered care plan revealed the following problem dated 3/6/25: Resident is at risk for impaired skin integrity related to deconditioning, the goal stated, the resident's skin will remain intact through out the review period, 6/17/25, the interventions stated, apply moisturizer as needed to the skin, do not massage over bony prominences and use mild cleansers for peri care/washing. The care plan failed to address the opened area to the resident's sacrum identified on 3/17/25.</p> <p>Based on information from a weekly skin observation tool completed on 3/12/25 Resident #10 had intact skin. The resident was identified to have a sacral pressure ulcer on the weekly skin observation tool completed on 3/17/25. The pressure ulcer measure 4.0 centimeters (cm) by 4.5 cm by 0, but the stage of the pressure ulcer was not documented.</p> <p>The weekly skin observation tool completed on 3/19/25 revealed the resident had an ongoing pressure ulcer to the sacrum and no further documentation was included. The 3/26/25 weekly skin observation tool revealed the resident continued to have an ongoing pressure ulcer to the sacrum and again there was no documentation such as measurements, stage, characteristics or extent of the tissue injury.</p> <p>No further weekly skin observation tools were observed in the clinical record, therefore an interview was conducted with Licensed Practical Nurse (LPN) #4 on 4/9/25 at approximately 12:18 PM. LPN #4 stated the resident's skin assessment was due to be performed on the next shift.</p> <p>An interview was also conducted with the Assistant Director of Nursing (ADON) on 4/9/25 at approximately 4:40 PM. The ADON reviewed the resident's weekly skin observation tools and stated the resident should have had a weekly skin observation completed on 4/2/25 but she was unable to locate it in the clinical record. The ADON further stated she would ensure the weekly skin observation tool was completed that evening.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A weekly skin observation tool was completed on 4/9/25 and the documentation stated Resident #10's skin was intact. On 4/10/25 at approximately 11:00 AM an observation was made of Resident #10's sacral pressure ulcer with the ADON and LPN #4. The observation revealed the resident had three small openings in the crack of the buttock, the injured tissue was pink, without drainage and measured 2.5 cm by 1 cm. The sacral pressure ulcer was assessed to be a stage two.</p> <p>On 4/10/25 at approximately 5:43 PM, a final interview was conducted with the Administrator, the ADON and a Corporate Consultant. The above information was reviewed, and the ADON stated that the resident should have ongoing weekly skin observations and the findings should be documented on the tool, The ADON also stated the an order had been obtained for the pressure ulcer to be assessed weekly and the characteristics documented in the nurse's notes.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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** Based on interview, clinical record review, and facility documentation, the facility staff failed to ensure adequate nutrition to prevent significant weight loss for 1 Resident (#1) in a survey sample of 20 Residents.</p> <p>The findings included:</p> <p>For Resident #1 the facility failed to obtain recognize signs of significant weight loss and consult with the Registered dietician for recommendations as ordered by physician on several occasions, resulting in 29 lb. weight loss from 12/31/24 - 2/11/25.</p> <p>Resident #1 was admitted to the facility on [DATE]. Diagnoses for Resident #1 included but are not limited to dementia, severe protein calorie malnutrition, major depressive disorder, age related physical debility, restlessness, dysphagia, insomnia, osteoporosis, rheumatoid arthritis and pain. Resident #1 's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 1/9/25 coded Resident #1 as unable to assess, indicating Resident #1 has severe cognitive impairment. In addition, the Minimum Data Set, coded Resident #1 as requiring 4- total dependence, on staff, for Activities of Daily Living care.</p> <p>Revealed the following excerpts from the medical provider:</p> <p>6/16/24 BMI 17.4-Underweight Consider dietary consult for further recs re weight/nutritional.</p> <p>10/4/24 1p.m. continues to avg. 2 meals/day, weight loss, 89--&gt;85lbs .</p> <p>12/12/24 11:15 a.m.: BMI 17.2, indicating severe malnutrition. Decline in oral intake reported by nursing, 50-75%, previously75-100%. Measures to sustain intake maintained, including appropriate consistency of food/food preferences. Patient requires assistance to feed. Continue to monitor weight closely. Dietitian to follow regarding potential for weight loss and provide recommendations for nutritional support. Encourage oral intakes tolerated and assist with meals as needed.</p> <p>1/10/25 - Follow up within 1 week for monitoring- Continue to monitor BMI - Consider dietary consult for further recommendations regarding weight and nutritional status.</p> <p>1/15/25 GENERAL- Frail/cachectic elderly female, In no acute distress, Limited due to impaired cognition .</p> <p>Follow up within 1 week for monitoring- Continue to monitor BMI (19 - Underweight) - Consider dietary consult for further recommendations regarding weight and nutritional status.</p> <p>A review of the document entitled Nutrition Evaluation dated 1/9/25 signed by the Registered Dietician (other employee#15) revealed the following excerpts:</p> <p>1 C. Most recent wt. - [left blank] date [left blank]</p> <p>3 E. BMI: Underweight/Normal weight/Obese I, II, III/ - Unable to determine Last BMI was 17.2 indicating she is underweight.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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>F. Usual body wt. 85 lbs.</p> <p>G. Ideal body wt. >= 120 lbs.</p> <p>L. Malnutrition Diagnosis: Detail if not present or if present detail signs/symptoms: Severe PCM [Protein Calorie Malnutrition] as noted.</p> <p>M. At Risk for Malnutrition: NO</p> <p>O. Comments: Additional notes from interview/general appearance/nursing notes/summary/etc. - Unable to determine if there have been any recent wt. changes. Documented PO intakes exceed needs making it likely that resident has maintained wt. or possibly gained. Gain would be beneficial with underweight BMI. Hx of dysphagia with no difficulties tolerating current texture documented. Current nutrition dx of severe PCM remains appropriate.</p> <p>4. A Recommendations: Provide nutrition recommendation changes, diet order changes, supplement changes, enteral feed changes, etc. -No recommendations as current intake meets/exceeds EEN. Continue plan of care.</p> <p>On the afternoon of 4/9/25 an interview was conducted with Other #7 the current Registered Dietician, who stated that she began in [DATE]. The RD stated that she reviewed the Resident's chart and started house supplements and magic cup.</p> <p>A review of the clinical record revealed that Resident #1 had already been on magic cups with meals since 8/29/23 and the house shakes were not ordered until 2/14/25 the day of the Residents death.</p> <p>Review of the document entitled Care Plan Acknowledgement Form dated 1/17/25 at 1 p.m. signed only by the Social Worker (Other employee #3) boxes checked off were Quarterly / Annual and Comprehensive Care Plan. Written in handwriting on the upper half of the form was the following:</p> <p>[Resident Representative name] Via phone</p> <p>Are the CNA's taking time to feed her? - She takes a while.</p> <p>A review of the policy, entitled Comprehensive Care Plans dated September 2024 read as follows:</p> <p>Policy:</p> <p>It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that include measurable objectives, and time frames to meet a residents. Medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment</p> <p>Policy explanation and compliance guidelines</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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>4. The comprehensive care plan will be prepared by an interdisciplinary team, that includes, but is not limited to:</p> <p>a. The attending physician or non-physician practitioner design involved in the resident and the residence care if the physician is unable to participate in the development of the care plan.</p> <p>b. A registered nurse with the responsibility for the resident.</p> <p>c. A member of food and nutrition services staff</p> <p>d. The resident and the resident representative to the extent practical.</p> <p>e. Other appropriate staff or professionals in disciplines as determined by the residence needs or as requested by the resident. Examples include but not limited to:</p> <ol style="list-style-type: none"> 1. RAI coordinator 2. Activities Director/staff 3. Social Services Director / Social Worker 4. Licensed Therapist 5. Family member surrogate or others desired by the resident. 6. Administration 7. Discharge coordinator <p>A review of the clinical record revealed the following excerpts from Resident #1's care plan:</p> <p>Focus:</p> <p>The resident has nutritional problem or potential nutritional problem r/t underweight, poor POI, on hospice.</p> <p>On hospice w/ orders for no routine weights Date Initiated: 08/01/2024</p> <p>GOAL:</p> <p>The resident will have gradual weight gain (1-2 lbs. per month) through review date. Date Initiated: 08/01/2024 Revision on: 02/13/2025 Target Date: 04/23/2025 Cancelled Date: 02/13/2025</p> <p>INTERVENTIONS:</p> <p>Monitor/record/report to MD PRN s/sx of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months. Date Initiated: 08/01/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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>RD to evaluate and make diet change recommendations PRN. Date Initiated: 08/01/2024 Revision on: 02/18/2025</p> <p>As evidenced by documentation of Skilled Nursing Notes in the electronic health record Resident #1 was on skilled care at the time the Focus area was entered (8/1/24) stating she was on hospice. This Resident had previously graduated from Hospice due to lack of decline and was not put back on Hospice until 2-11-25. The Goal is unattainable if you are not checking weights. The interventions are not possible without checking weights and following physician recommendations for dietary consults.</p> <p>On 4/10/25 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: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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** Based on observation, resident interview, staff interview, and a clinical record review, the facility staff failed to ensure medications were administered in accordance to accepted professional standards for 1 of 20 residents (Resident #9), in the survey sample.</p> <p>The findings included:</p> <p>Resident #9 was originally admitted to the facility 7/27/2023 and readmitted [DATE] after an acute care hospital stay. The current diagnoses included afib, diabetes and high blood pressure.</p> <p>The admission significant change annual quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 2/17/2025 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 14 out of a possible 15. This indicated Resident #9's cognitive abilities for daily decision making were intact.</p> <p>On 4/8/25 at approximately 10:54 AM, Resident #9 was observed in bed asleep. The resident did not answer when the door was knocked on. Upon entrance into the room to awaken the resident it was observed that a medication cup with approximately ten pills of various sizes and colors was on the bedside table. The resident stated he could not take them when the nurse brought them in because he had a piece of candy in his mouth and it was still in the roof of his mouth. The resident was reminded of the time and the wound care observation and he stated he would take them as soon as he finished his candy.</p> <p>An interview was conducted with Licensed Practical Nurse (LPN) #7 on 4/8/25 at 11:04 AM regarding the medication observed at Resident #9's bedside. LPN #7 stated the resident is non-compliant with all aspects of care and he would not accept the medications when she went in to administer them therefore they were left upon his request. LPN #7 went into the residents room and returned with an empty medication cup in her hand. She stated he had taken them.</p> <p>On 4/9/25 at approximately 5:43 PM, a final interview was conducted with the Administrator, the Assistant Director of Nursing (ADON) and a Corporate Consultant. The above information was reviewed, and the Administrator stated LPN #7 should not have left the resident's medications at the bedside, she should have returned them to the medication cart.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</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 have a written agreement with hospice before hospice care is furnished for 1 Resident in a survey sample of 20 Residents.</p> <p>The findings included:</p> <p>For Resident #1 the facility staff failed to have a hospice contract before providing hospice services to the Resident and also failed to maintain hospice records within the clinical record.</p> <p>Resident #1 was admitted to the facility on [DATE]. Diagnoses for Resident #1 included but are not limited to dementia, severe protein calorie malnutrition, major depressive disorder, age related physical debility, restlessness, dysphagia, insomnia, osteoporosis, rheumatoid arthritis and pain. Resident #1's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of [DATE] coded Resident #1 as unable to assess, indicating Resident #1 has severe cognitive impairment. In addition, the Minimum Data Set, coded Resident #1 as requiring 4- total dependence, on staff, for Activities of Daily Living care.</p> <p>On [DATE] at approximately 1 p.m., a review of the clinical record revealed that Resident #1 was started on hospice services on [DATE] with Hospice Provider Other #13. The clinical revealed that the Hospice provider #13 provided services to Resident #1 from [DATE] - until she expired at the facility on [DATE]. Hospice care plan, visit notes, and medication and treatment orders initiated by hospice could not be located in the electronic health record. Employee other #8 (Medical Records) contacted the Hospice provider and obtained paper copies of all the hospice notes and orders not in the EHR.</p> <p>On [DATE] during the end of day meeting the Administrator (who started working at the facility in [DATE]) the ADON (who started on [DATE]) and the Corp Nurse Consultant ant were present. The Administrator stated that there were 3 hospice companies servicing the facility. A review of the three Hospice provider contracts revealed the following:</p> <p>Hospice Provider (Other # 11) had a contract that was signed on [DATE], Hospice Provider (Other #12)'s contract was signed on [DATE] and the third Hospice provider (Other #13)'s contract was signed on [DATE] (the first day of survey).</p> <p>When asked why the contract was signed only 2 days prior, the Administrator stated that he did not know where the previous Administrator had put the Hospice Contracts. He states that he reached out to the hospice company, and they did not have it, so he told them to send a new one.</p> <p>When asked what the communication process is, between the facility and the hospice provider, to ensure that the needs of the resident are addressed, the ADON stated that the nurses communicate with the Hospice company verbally when the nurses and cna's come to the facility and also by telephone.</p> <p>The Corporation Nurse Consultant stated that they needed to look into giving hospice access to the EHR</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	

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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] 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: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, the facility staff failed to adhere to hand hygiene practices to help prevent the development infections for 1 of 20 residents (Resident #9), in the survey sample.</p> <p>The findings included:</p> <p>Resident #9 was originally admitted to the facility 7/27/2023 and readmitted [DATE] after an acute care hospital stay. The current diagnoses included afib, diabetes and high blood pressure.</p> <p>The admission significant change annual quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 2/17/2025 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 14 out of a possible 15. This indicated Resident #9's cognitive abilities for daily decision making were intact.</p> <p>On 4/9/25 approximately at 11:24 AM, an observation of wound care to the resident's sacral pressure ulcer was conducted. Licensed Practical Nurse (LPN) #7 positioned the resident on his left side with help of Certified Nursing Assistant (CNA) #7. LPN #7 sprayed the sacral wound with the dermal wound cleanser, patted the wound with four by fours, sprinkled Nyastatin powder around the wound bed, put the Hydrofera Blue on the border gauze and placed the border gauze to the resident's sacral wound.</p> <p>The bottom edges of the border gauze folded therefore it had to be removed and another applied to adhere to the resident's skin. LPN #7 failed to remove the gloves used to clean the wound and she failed to wash or sanitize her hand prior to handling the clean wound care supplies. An interview was conducted with LPN #7 immediately after she completed the sacral wound dressing, she acknowledged that she failed to adhere to best practice hand hygiene.</p> <p>On 4/10/25 at approximately 5:43 PM, a final interview was conducted with the Administrator, the Assistant Director of Nursing (ADON) and a Corporate Consultant. The above information was reviewed, and the Administrator stated that LPN #7 had been educated on hand hygiene during pressure ulcer care.</p> <p>Using a clean dressing technique.</p> <p>Step one</p> <p>Assemble all of your wound care supplies that you will need to change the dressing.</p> <p>Clean gloves (sterile gloves are not needed)</p> <p>A clean surface to place everything on (such as a clean piece of aluminum foil or clean paper</p> <p>The new bandage to be applied</p> <p>Saline or wound cleanser to clean the wound</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Maimonides Health Center of Virginia Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Auburn Dr Virginia Beach, VA 23464	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Several pieces of gauze to use in cleaning or wiping the wound</p> <p>Trash bag</p> <p>Step two</p> <p>Wash your hands with soap and warm water for 20-30 seconds. After washing and drying your hands, put on clean gloves to remove the old dressing and perform the dressing removal step. Observe if there is fluid or drainage and note the drainage or wound fluid that is on the gauze. Wounds with a lot of fluid draining from them are exuding wounds. Now clean the wound by wiping with some gauze pads and saline or wound cleanser. Wipe the wound in small circles this from the middle of the wound outward and finally the skin around the wound edge. You may need several pieces of gauze. Dispose of the dirty bandage, gauze used to clean the wound, and dirty gloves in the trash.</p> <p>Step three</p> <p>Measure the wound and record the length and width and the depth of the wound. Measuring should occur anytime the wound looks different and at least once per week. Write the measurements down so you can give them to your doctor or nurse.</p> <p>Step four</p> <p>Rewash your hands with soap and water for 20-30 seconds and dry them. Put on a new pair of clean gloves (you do not need sterile gloves). Now you will apply the new wound treatment and dressing. Your doctor may prescribe a medication to apply, such as an ointment, a gel, a liquid, or a spray. The medication should be applied as directed and, if needed, to spread it across the wound, clean cotton-tipped applicator like a Q-tip should be used. After any medication has been applied, you will place the primary dressing (this is the one that is placed in contact with the wound bed first).</p> <p>The primary dressing will then be covered by a secondary dressing (if one is recommended by your doctor). The dressing may have a part that sticks to the skin to hold it in place, or you may need to use tape to secure the secondary dressing. If no secondary dressing is used, you may need to secure the primary dressing with bandage tape. There are several types of dressings, each used for different reasons, and we will describe them below with some tips for correctly applying them to the wound (https://cert.vohrawoundcare.com/how-to-change-a-wound-dressing/).</p> <p>Hydrofera Blue CLASSIC[®]; is a PVA foam that improves epithelialization while wicking exudate and debris from the wound bed, resulting in a multifaceted, non-toxic healing environment that kills bacteria and reduces bioburden. (https://www.woundsource.com/product/hydrofera-blue-classic)</p>		