STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495204	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Old Dominion Rehabilitation and Nursing	4 Ridgewood Parkway Newport News, VA 23602

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record and staff interviews, the facility staff failed to conduct and document a thorough assessment for 1 of 27 residents (Resident #125) in the survey sample. The findings included: Resident #125 was admitted to the facility on [DATE] after an acute hospitalization. The residents' diagnoses included dementia with behavioral disturbance, coronary artery disease, heart failure, and diabetes. The admission Minimum Data Set (MDS) assessment, with an assessment reference date (ARD) of 8/4/2022, coded that the resident completed the Brief Interview for Mental Status (BIMS) and scored 3 out of 15. This indicated that Resident # 125's cognitive abilities for daily decision making were severely impaired. In section G Functional Status, the resident was coded as independent with eating after setup, requiring extensive assistance from one person for bed mobility, dressing, personal hygiene, and toileting, and was totally dependent for bathing.A review of the clinical record revealed the last review of the resident's skin was dated 8/11/2022. It stated there were no changes in the resident's skin integrity, and review of prior reviews identified no skin impairment. A nurse's note dated 8/19/2022. A Nurse Practitioner's progress note dated 8/12/2022 stated that the resident's skin was warm and dry, and with a boggy left heel, a deep tissue injury. The assessment of the upper extremities revealed strength in the bilateral upper extremities of 5/5 and left foot drop.On 8/19/2022 at 10:16 AM, a nurse's note stated that Resident #125 was found on the floor unresponsive, 911 was called, and the resident was transferred to the emergency room. A review of the transfer information under Section B - Key Clinical Information failed to identify an assessment of the resident's condition or a rationale for the transfer to the emergency room. Neither did the transfer information have vital signs or other pertinent information. It did state that the resident was not alert, yet it did not define Resident #125's baseline.The facility did not have a written protocol outlining a nurse's interventions before a transfer to another level of care to ensure a safe transition; therefore, an interview was conducted with the Director of Nursing (DON) on 5/7/2026 at approximately 5:35 PM. The DON stated that the nurse's documentation did not meet the facility's expectations and was unacceptable. The DON further stated that the identified change should have been documented first, and that a comprehensive assessment should have been completed, including blood pressure, heart rate, respirations, oxygen saturation, and blood sugar if the resident was diabetic. The DON also stated that the fall process should have been instituted, with notification to the provider and family.On 5/7/26 at approximately 5:45 PM, a final interview was conducted with the Administrator, Director of Nursing, and the Corporate Nurse Consultant. The above findings were conveyed to the administrative team, who made no comments and voiced no concerns.

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