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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>495210 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                          | (X3) DATE SURVEY COMPLETED<br><br>09/05/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Norfolk Health and Rehabilitation Center |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>901 East Princess Anne Road<br>Norfolk, VA 23504 |                                              |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG                                                                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49455</p> <p>Based on observation, resident interview, staff interview, clinical record review, and review of facility documents, the facility's staff failed to provide timely incontinence care after each episode for 1 of 5 residents (Resident #1), in the survey sample.</p> <p>The findings included:</p> <p>Resident #1 was originally admitted to the facility on [DATE]. The current diagnoses included hypertension (HTN), congestive heart failure (CHF), Diabetes Mellitus (DM), Arthritis, and Anxiety.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 8/10/24 coded Resident #1 as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15, indicating Resident #1 cognitive abilities for daily decision making were intact.</p> <p>In section H(Bladder and Bowels) Resident #1 was coded as always incontinent of bladder and frequently incontinent of bowels. In section M(Skin Conditions) the resident was noted to be at risk for pressure ulcers and received ointment application to skin.</p> <p>Resident #1's care plan created on 2/5/16 and revised last on 9/15/22, had focuses of bladder and bowel incontinence and potential for skin impairment. Interventions last revised on 3/7/24 included: keep skin clean and dry, apply moisture barrier to protect skin as needed, and clean peri area with each incontinent episode.</p> <p>Review of Resident #1's order summary dated 9/1/24 included orders for Lasix (furosemide) 20 mg daily and Calmoseptine (menthol and zinc oxide) ointment daily, both ordered on 3/6/24.</p> <p>Certified Nurse Assistant (CNA) charting flow sheets from 8/23/24 to 9/5/24 indicated Resident #1 was dependent for incontinence care.</p> <p>An interview was conducted with Resident #1 on 9/4/24 at approximately 2:10 PM. The resident was in the bed and said he had been waiting for hours to be cleaned up and that he wanted to get up for the day and go to popcorn and a movie with activities. The resident also said that he often had to wait for hours to be changed.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Norfolk Health and Rehabilitation Center                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>901 East Princess Anne Road<br>Norfolk, VA 23504 |                                              |
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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>An interview was conducted with (CNA) #1 on 9/4/24 at approximately 2:20 PM. CNA #1 said that she knew Resident #1 had been waiting a while to be changed and that she would get to it after she got another resident out of bed.</p> <p>An observation was made on 9/4/24 at approximately 2:45 PM of CNA #1 and Licensed Practical Nurse (LPN) #2, providing incontinence care for Resident #1. The resident's brief was visibly heavily saturated with urine.</p> <p>An interview was conducted with Licensed Practical Nurse (LPN) #2, who stated because Resident #1's urine was contained within the brief the resident was okay.</p> <p>On 9/5/24 at approximately 5:55 PM, the above findings were shared with the Administrator, Director of Nursing and Corporate Nurse Consultant. An opportunity was offered to the facility's staff to present additional information, but no additional information was provided.</p> |                                                                                               |                                              |