STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495227	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westport Rehabilitation and Nursing Center	7300 Forest Ave Richmond, VA 23226

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff/resident interviews, facility document review and clinical record review, it was determined the facility staff failed to implement the care plan for one of 16 residents in the survey sample, R208. The findings include: The facility staff failed to implement the comprehensive care plan for CPAP for R208. Observed R208's CPAP machine in his room at approximately 12:00 PM on 3/10/25. R208 was admitted to the facility on [DATE] with diagnosis that included but were not limited to chronic respiratory failure, COPD (chronic obstructive respiratory disease) and Parkinson's Disease. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 2/14/25, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring maximal assistance for mobility/transfers/bathing/dressing and set-up for eating. Section O: oxygen: yes. A review of the comprehensive care plan dated 11/29/24 revealed, FOCUS: RESPIRATORY: the resident is at risk for respiratory complications secondary to sleep apnea, COPD, respiratory failure. INTERVENTIONS: CPAP as ordered. A review of the physician's order dated 7/31/23 revealed, BIPAP/CPAP Specify settings: 4 *Use sterile water only* every night shift for Sleep Apnea Check CPAP/BIPAP for proper placement AND every day shift for Sleep Apnea. Wash mask daily with soap and warm water, rinse thoroughly with warm water &allow to dry AND every day shift for Sleep Apnea. Wash headgear(strap) & tubing weekly on Wed with mild soap and warm water, rinse with warm water & allow to air dry AND every evening shift for Sleep Apnea. No Evidence on MAR (medication administration record) of CPAP settings, noted to be placed on 3/10/25 on MAR starting with night shift. An interview was conducted on 3/10/25 at 12:00 PM with R208, when asked if he used his CPAP machine, R208 stated, yes, at night. It helps me sleep. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495227	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westport Rehabilitation and Nursing Center	7300 Forest Ave Richmond, VA 23226

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 3/10/25 at 2:15 PM with LPN (licensed practical nurse) #1. When asked the purpose of the care plan, LPN #1 stated, to address the residents' needs and have interventions for the needs. When asked if there were no evidence for the intervention of CPAP as ordered, would the care plan have been implemented, LPN #1 stated, no. On 3/10/25 at 3:10 PM, ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing was made aware of the concerns. A review of the facility's Care Planning policy revealed, A licensed nurse, in coordination with the interdisciplinary team, develops and implements an individualized care plan for each patient in order to provide effective, person-centered care, and the necessary health-related care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being of the patient. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495227	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westport Rehabilitation and Nursing Center	7300 Forest Ave Richmond, VA 23226

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff /resident interviews facility document review and clinical record review, it was determined the facility staff failed to provide respiratory care services for one of 16 residents, R208. The findings include: The facility staff failed to provide evidence of respiratory care services for R208. Observed R208's CPAP machine in his room at approximately 12:00 PM on 3/10/25. R208 was admitted to the facility on [DATE] with diagnosis that included but were not limited to chronic respiratory failure, COPD (chronic obstructive respiratory disease) and Parkinson's Disease. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 2/14/25, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring maximal assistance for mobility/transfers/bathing/dressing and set-up for eating. Section O: oxygen: yes. A review of the comprehensive care plan dated 11/29/24 revealed, FOCUS: RESPIRATORY: the resident is at risk for respiratory complications secondary to sleep apnea, COPD, respiratory failure. INTERVENTIONS: CPAP as ordered. A review of the physician's order dated 7/31/23 revealed, BIPAP/CPAP Specify settings: 4 *Use sterile water only* every night shift for Sleep Apnea Check CPAP/BIPAP for proper placement AND everyday shift for Sleep Apnea. Wash mask daily with soap and warm water, rinse thoroughly with warm water &allow to dry AND everyday shift for Sleep Apnea. Wash headgear(strap) & tubing weekly on Wed with mild soap and warm water, rinse with warm water & allow to air dry AND every evening shift for Sleep Apnea. No Evidence on MAR (medication administration record) of CPAP settings, noted to be placed on 3/10/25 on MAR starting with night shift. An interview was conducted on 3/10/25 at 12:00 PM with R208, when asked if he used his CPAP machine, R208 stated, yes, at night. It helps me sleep. An interview was conducted on 3/10/25 at 2:15 PM with LPN (licensed practical nurse) #1. When asked where the evidence of following BIPAP/CPAP settings as ordered would be, LPN #1 stated we document those on the MAR (medication administration record). When ask if there was no evidence, were the orders being followed, LPN #1 stated, no. On 3/10/25 at 3:10 PM, ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing was made aware of the concerns. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495227	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westport Rehabilitation and Nursing Center	7300 Forest Ave Richmond, VA 23226

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's Respiratory Care and Oxygen Equipment policy revealed, Oxygen therapy will be administered per provider's order, according to current standards of practice and equipment will be maintained and stored in a safe and appropriate manner. CPAP, BiPAP, APAP require provider or respiratory therapy orders for settings. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495227	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westport Rehabilitation and Nursing Center	7300 Forest Ave Richmond, VA 23226

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and facility document review, the facility staff failed to prepare and serve food in a sanitary manner in one of one facility kitchen. The findings include: The facility staff failed to prepare and serve food in a sanitary manner for the lunch meal on 3/10/25. On 3/10/25 at 11:35 a.m., observation was made of the facility kitchen. OSM (other staff member) #4, a dietary aide, was observed obtaining holding temperatures of food on the steam table, ready for serving to residents. As OSM #4 took temperatures, she failed to sanitize the thermometer between foods. Instead of using an alcohol wipe, she used the same paper towel repeatedly. OSM #5, a dietary aide, was observed pushing a cart of clean silverware from the dish room. The silverware was visibly wet, and most utensils had water dripping from them. OSM #5, wearing gloves, touched the eating end of every utensil and put the still-dripping utensils upside down in a silverware container. OSM #5 began loading meal trays on to the serving line. Wearing the same gloves, he placed the same utensils, one by one, on trays. Most all the utensils still contained water droplets. OSM #5's long braids were observed outside of his hair net; these braids hung over the food trays as OSM #5 put the utensils on the trays. OSM #6, a dietary aide, was observed bagged turkey and cheese sandwiches on several trays. OSM #6 was observed to have a goatee but was not wearing a beard guard. Each of these bags contained a turkey and cheese sandwich on white bread. A serving size mayonnaise packet was in each bag and was in direct contact with a piece of the white bread. At 12:46 p.m., additional spaghetti noodles were poured into the steam table container. OSM #4 served these noodles without first obtaining a holding temperature. At 12:43 p.m., additional green beans were poured into the steam table container. OSM #4 served these green beans without first obtaining a holding temperature. At 1:03 p.m., additional meatballs and sauce were poured into the steam table container. OSM #4 served these items without first obtaining a holding temperature. OSM #4 wore gloves throughout the entire lunch service. Wearing these gloves, she touched each meal ticket, moving it from a pile behind the serving line to each individual's meal tray. As part of her serving the meal, she reached multiple times into a bag of hot dog buns and touched the buns with the same gloved hands that had been in contact with the residents' individual meal tickets. On 3/10/25at 2:29 p.m., OSM #4, the dietary director, was interviewed. She stated the dining staff hair nets should cover all hair. She stated braids should not be outside of the hairnet, and beard guards should cover all facial hair. She stated the facility had previously been putting the mayonnaise packets in direct contact with the sandwich bread, but she understood the concern. She stated alcohol wipes should be used to sanitize the thermometer between foods while obtaining holding temperatures. She stated this prevents cross contamination. She stated the purpose of obtaining holding temperatures is to make sure the food has reached a safe temperature prior to serving it. She stated any time a new food is added to the tray line, a holding temperature should be obtained to assure it is safe. She stated the silverware should have been completely dried before being placed in the holders or on the food tray. She stated OSM #5 should not have touched the meal tickets then touched the hot dog buns. She stated: This is an issue of contamination. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495227	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westport Rehabilitation and Nursing Center	7300 Forest Ave Richmond, VA 23226

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/10/25 at 4:10 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns. A review of the facility policy, Bare Hand Contact with Food and Use of Plastic Gloves, revealed, in part: Gloves are just like hands. They get soiled. Anytime a contaminated surface is touched, the gloves must be changed, and hands must be washed. A review of the facility policy, Taking Accurate Temperatures, revealed, in part: To take hot food temperatures, insert the thermometer at a 45-degree angle to the middle of the food item .Wait for the thermometer to use the maximum temperature, read and record the temperature and then remove the thermometer from the food item and immediately clean and sanitize. A review of the facility policy, Employee Sanitary Practices, revealed, in part: Wear hair restraints to prevent hair from contacting exposed food. No additional information was provided prior to exit.