

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2025
NAME OF PROVIDER OR SUPPLIER  Westport Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interview, and facility document review, it was determined that the facility staff failed to maintain an accurate clinical record for one of five residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>For Resident #1 (R1), the facility staff failed to maintain an accurate clinical record documenting transfer to the emergency room.</p> <p>The progress notes for R1 documented in part,</p> <p>- Effective Date: 04/13/2025 08:31 (8:31 a.m.) Type: eINTERACT SBAR (situation, background, assessment, recommendations) Summary for Providers. Late Entry. Situation: The Change in Condition/s reported on this CIC Evaluation are/were: Shortness of breath . Nursing observations, evaluation, and recommendations are: Resident observed has SOB (shortness of breath), distress. Full Head to Toe assessment was performed. VS (vital signs) 137/76 (blood pressure)-20 (respirations)-97.6 (temperature)-72% (oxygen saturation). Both lungs coarse upon Auscultation, 2 L (liters) of oxygen administered, MD notified. EMT (emergency medical technician) notified, arrived and resident sent to [Name of hospital], ER (emergency room) .</p> <p>- Effective Date: 04/13/2025 08:31 (8:31 a.m.) Type: eINTERACT SBAR Summary for Providers. Late Entry. Situation: The Change in Condition/s reported on this CIC Evaluation are/were: Shortness of breath . Nursing observations, evaluation, and recommendations are: Resident was laboring or difficulties breathing and secretions coming out of his mouth, medical emergency was call to transfer to ER for further evaluation .</p> <p>- Effective Date: 04/13/2025 10:00 Type: Evaluation Note. Note Text: Respiratory Evaluation: Temp: T (temperature) 98.0 - 4/13/2025 10:00 Route: Forehead (non-contact) Pulse ox: O2 97.0 % - 4/13/2025 10:00 Method: Trach Complains of shortness of breath? - No. Exhibits new or different cough? - No. Progress Note: #4 shiley (tracheostomy) patent and intact. Red capping trial with goal of de-cannulation continues. Remains on room air with no SOB. Lungs clear with diminished bases. No cough or SOB noted. No suction required.</p> <p>Review of the clinical record failed to evidence documentation that R1 went to the ER on [DATE].</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/25 at 9:35 a.m., an interview was conducted with RN (registered nurse) #1 who stated that they worked with R1 on 4/13/25 and often when they were on the specialty care unit and had the tracheostomy. She stated that they had worked with R1 through the capping trial, and he had progressed to have the tracheostomy tube removed and was doing well. RN #1 stated that she had never sent R1 to the hospital when he was on her unit and the saturations had never gone below the high 80's with exertion. RN #1 stated that the nurse who wrote the change in condition note on 4/13/25 never worked on their unit and that it was not accurate because R1 did not go to the hospital that day.</p> <p>On 5/8/25 at 10:53 a.m., an interview was conducted with LPN (licensed practical nurse) #1 who stated that they had written the change in condition notes on 4/13/25 for R1. She stated that she did not work on the specialty care unit and had not worked with R1 until after the tracheostomy tube was removed and they moved to their current unit. She stated that she worked with them on 4/20/25 when they went out to the hospital and had documented the notes as late entries and had mistakenly put the wrong date in. LPN #1 stated that she had multiple patient issues that day and had not been able to document until later and when she went to enter the note she typed in the wrong date and had just left the notes in because she was not sure what to do.</p> <p>The facility provided policy, Clinical Nursing Skills &amp; Techniques, 11th edition, [NAME] &amp; Potter documented on page 57, .The information within a recorded entry or a report must be complete, containing appropriate and essential information .</p> <p>On 5/8/25 at 1:40 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #5, the regional director of clinical services were made aware of the concern.</p> <p>No further information was provided prior to exit.</p>		