| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495237 | A. Building<br>B. Wing | 05/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Virginia Beach Healthcare and Rehab Center | 1801 Camelot Drive<br>Virginia Beach, VA 23454 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183<br><br>Based on review of facility's documentation and staff interview, it was determined that the facility failed to promote and enhance each resident's right to a dignified existence and being respected for one of five residents in the survey sample, Resident #1.<br><br>The findings include:<br><br>Resident #1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: CKD (chronic kidney disease), vascular dementia and stroke with hemiplegia.<br><br>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 4/22/24, coded the resident as scoring a 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was unable to complete the interview. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer and bathing; extensive assistance for bed mobility, dressing, hygiene, toileting and eating.<br><br>A review of the comprehensive care plan dated 5/22/23 revealed, FOCUS: Resident is at risk for weight loss or malnutrition related to past medical history or diagnosis of dehydration, acute renal failure, dysphagia requiring modified-texture diet, nausea/ vomiting, suboptimal PO intakes- receiving oral nutrition supplements. BMI < 18.5, indicative of underweight status. INTERVENTIONS: Registered dietician consult as needed. Record % meal intake. Provide supplements as ordered.<br><br>On 5/28/24 at 1:20 PM, observation of Resident #1 being fed by CNA (certified nursing assistant) who was standing up. Unable to interview this CNA.<br><br>An interview was conducted on 5/29/24 at 8:45 AM with CNA #4. When asked how residents should be fed, CNA #4 stated, All the trays are passed out, so the patient is not looking at the tray. Respectful and dignity are involved. You should sit patient up, make eye contact and get a chair so it's like we're having a meal together. When asked if standing while feeding a resident was respectful, CNA #4 stated, No, it is not.<br><br>An interview was conducted on 5/29/24 at 9:00 AM with Resident #1. When asked if the CNAs sit when they are feeding her, she stated,No, most of the time they stand. When asked if that makes her feel respected, Resident #1 stated, Oh, God no. I do not like it at all.<br><br>(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: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1801 Camelot Drive Virginia Beach, VA 23454 | |

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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.<br><br>No further information was provided prior to exit. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Camelot Drive Virginia Beach, VA 23454 | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0553<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Allow resident to participate in the development and implementation of his or her person-centered plan of care.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183<br><br>Based on staff interview and facility document review, it was determined the facility staff failed to respect the resident's and RP's (responsible party) right to participate in care planning for one of five residents in the survey sample, Resident #1.<br><br>The findings include:<br><br>Resident #1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: CKD (chronic kidney disease), vascular dementia and stroke with hemiplegia.<br><br>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 4/22/24, coded the resident as scoring a 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was unable to complete the interview. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer and bathing; extensive assistance for bed mobility, dressing, hygiene, toileting and eating.<br><br>A review of the comprehensive care plan dated 5/22/23 revealed, FOCUS: Resident is at risk for weight loss or malnutrition related to past medical history or diagnosis of dehydration, acute renal failure, dysphagia requiring modified-texture diet, nausea/ vomiting, suboptimal PO intakes- receiving oral nutrition supplements. BMI < 18.5, indicative of underweight status. INTERVENTIONS: Registered dieticians consult as needed. Record % meal intake. Provide supplements as ordered.<br><br>On 5/24/24, the facility was asked to provide evidence of care plan meetings and invites for Resident #1 and their RPs.<br><br>A review of the progress note dated 5/2/24 at 2:04 PM revealed, IDT met today to review pt's plan of care. Members in attendance were D/C Planner, Activities Assistant, LPN, and Ombudsman. Patient's son was called but was unable to attend meeting via telephone due to work. The Ombudsman went over the patient's family's concerns with the IDT. The team addressed possible plans of action to address concerns. Staff will continue to communicate with patient's family and monitor and review patient's plan of care.<br><br>Facility provided evidence of last care plan meeting notes dated 8/23/23. No evidence of care plan meetings from 8/23-5/24.<br><br>An interview was conducted on 5/28/24 at 2:15 PM with OSM (other staff member) #7, the MDS coordinator. When asked who is responsible for and the process for care plan meetings, OSM #7 stated, The responsibility is mine. I go by assessment date, we do care plans on Wednesday and Thursday, when I update assessments. The front desk mails off letters to let the RPs know of care plan meeting dates. When asked for evidence of any letters for Resident #1 and their RP, OSM #7 stated, There is not any that we can find.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1801 Camelot Drive, Virginia Beach, VA 23454 | |

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 0553<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.<br><br>No further information was provided prior to exit. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Camelot Drive Virginia Beach, VA 23454 | |

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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183<br><br>Based on staff interview and facility document review, it was determined the facility staff failed to notify the RP (responsible party) of a change in condition for one of five residents in the survey sample, Resident #1.<br><br>The findings include:<br><br>The facility failed to notify the RP for Resident #1's weight loss. Resident #1 weighed 127 pounds on 1/13/23, 117.6 pounds on 5/6/23 and currently 99.3 on 5/1/24. No notification to family after 7/28/23.<br><br>Resident #1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: CKD (chronic kidney disease), vascular dementia and stroke with hemiplegia.<br><br>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 4/22/24, coded the resident as scoring a 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was unable to complete the interview. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer and bathing; extensive assistance for bed mobility, dressing, hygiene, toileting and eating.<br><br>A review of the comprehensive care plan dated 5/22/23 revealed, FOCUS: Resident is at risk for weight loss or malnutrition related to past medical history or diagnosis of dehydration, acute renal failure, dysphagia requiring modified-texture diet, nausea/ vomiting, suboptimal PO intakes- receiving oral nutrition supplements. BMI < 18.5, indicative of underweight status. INTERVENTIONS: Registered dieticians consult as needed. Record % meal intake. Provide supplements as ordered.<br><br>A review of the progress notes titles Communication with Family) from 1/20/23-5/20/24 did not reveal any communication with family regarding weight loss.<br><br>A review of the RD/Dietary progress note dated 7/24/23 at 8:57 AM revealed, Staff made RD aware that resident's son wished to be contacted regarding diet change/weight loss. RD left for this contact on 7/24. Will cont. to monitor.<br><br>A review of the RD/Dietary progress note dated 7/28/23 at 9:15 AM revealed, RD spoke with resident's POA this AM due to requests of discussing weight loss. POA requesting information on if resident is consuming enough nutrition to sustain her weight. RD did make POA aware of current weight loss and prescribed interventions that have been put in place. Resident is currently consuming all supplements adequately- 100% and receives assistance with her meals to support good PO intake. She is also noted w/ Mirtazapine with potential side effects for appetite stimulation. RD made POA aware that resident is being weighed weekly for closer monitoring. POA thankful for communication. Will continue to monitor.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Camelot Drive Virginia Beach, VA 23454 | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of the RD/Dietary progress note dated 4/19/24 at 9:10 AM revealed, WEIGHT WARNING: Value: 101.0 Vital Date: 2024-04-15 4:15 PM, -10.0% change. Malnutrition Universal Screening Tool completed Quarterly Assessment: Diet: Regular, Dysphagia Puree, with thins. PO intake/feeding ability: 75-100% assist with meals. Supplements: health shake x2 & magic cup with meals; 4 oz Medplus 2.0 QID. Weight Resident noted w/ a significant weight loss -10.2% x180 days. Resident has numerous supplements in place with good acceptance & good PO intake for weight support. Recommendations: 1) Cont. w/ current diet & supplements as tolerated. 2) RD to monitor/follow as per protocol.<br><br>An interview was conducted on 5/29/24 at 8:00 AM with OSM (other staff member) #4, the registered dietician. When asked about Resident #1, OSM #4 stated, If staff alert me that they are not eating well, then I go to see her. Have observed her 1 time. Otherwise, I monitor the ADL record for % meal eaten. I go off of what is documented. House Shakes and Magic Cups higher protein and more calories as well as the Med Plus (more calorie dense option).<br><br>On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.<br><br>No further information was provided prior to exit. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Virginia Beach Healthcare and Rehab Center | 1801 Camelot Drive<br>Virginia Beach, VA 23454 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183<br><br>Based on staff interview, clinical record review and facility document review, it was determined the facility staff failed to meet professional standards for one of five residents in the survey sample, Resident #4.<br><br>The findings include:<br><br>The facility staff failed to meet professional standards by administering medications as ordered for Resident #4.<br><br>Resident #4 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: sepsis, dementia, cardiomyopathy, Parkinson's and COPD (chronic obstructive pulmonary disease).<br><br>The most recent MDS (minimum data set) assessment, a significant change assessment, with an ARD (assessment reference date) of 10/27/23, coded the resident as scoring a 13 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively intact. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer, bathing, bed mobility, dressing, hygiene, toileting and moderate assist for eating.<br><br>A review of the comprehensive care plan dated 11/11/21 revealed, FOCUS: Resident has Congestive Heart Failure. INTERVENTIONS: Give cardiac medications as ordered.<br><br>A review of the physician orders dated 11/30/22 revealed, Atorvastatin Calcium Oral Tablet 40 MG (milligram). Give 1 tablet by mouth at bedtime for HLD. Sinemet Oral Tablet 25-100 MG. Give 1 tablet by mouth two times a day for Parkinsons; and those dated 12/23/23: Zaleplon Oral Capsule 10 MG. Give 1 capsule by mouth at bedtime for insomnia. Xalatan Ophthalmic Solution 0.005%, Instill 1 drop in right eye at bedtime.<br><br>A review of the December MAR (medication administration record) revealed, missing 9:00 PM doses on 12/31/23 of Atorvastatin Calcium Oral Tablet 40 MG (milligram). Give 1 tablet by mouth at bedtime for HLD. Sinemet Oral Tablet 25-100 MG. Give 1 tablet by mouth two times a day for Parkinsons; and those dated 12/23/23: Zaleplon Oral Capsule 10 MG. Give 1 capsule by mouth at bedtime for insomnia. Xalatan Ophthalmic Solution 0.005%, Instill 1 drop in right eye at bedtime.<br><br>An interview was conducted on 5/28/24 at 11:00 AM with LPN (licensed practical nurse) #3. When asked if there is adequate staffing, LPN #3 stated, No, not all of the time. It is getting better, but it was not good a couple of months ago. When asked specifics, LPN #3 stated, There would be no nurse scheduled for a unit or CNAs would be minimal not enough to meet the resident's needs. When asked if not administering medications as ordered was following professional standards, LPN #3 stated, No, it is not.<br><br>On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Camelot Drive Virginia Beach, VA 23454 | |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | No further information was provided prior to exit. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Camelot Drive Virginia Beach, VA 23454 | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183<br><br>Based on observations, staff interviews, facility document review and clinical record review, it was determined the facility staff failed to provide evidence of ADL (activities of daily living) care for one of five residents in the survey sample, Resident #1.<br><br>The findings include:<br><br>The facility staff failed to provide evidence of ADL (specifically incontinence care and feeding assistance) care for Resident #1.<br><br>Resident #1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: CKD (chronic kidney disease), vascular dementia and stroke with hemiplegia.<br><br>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 4/22/24, coded the resident as scoring a 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was unable to complete the interview. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer and bathing; extensive assistance for bed mobility, dressing, hygiene, toileting and eating.<br><br>A review of the comprehensive care plan dated 5/22/23 revealed, FOCUS: Resident is at risk for weight loss or malnutrition related to past medical history or diagnosis of dehydration, acute renal failure, dysphagia requiring modified-texture diet, nausea/ vomiting, suboptimal PO intakes- receiving oral nutrition supplements. BMI < 18.5, indicative of underweight status. INTERVENTIONS: Registered dieticians consult as needed. Record % meal intake. Provide supplements as ordered.<br><br>A review of the ADL (activities of daily living) document for March 2024 revealed missing documentation for: bladder elimination: day shift-3/16, 3/17 and 3/31; evening shift-3/8, 3/17 and 3/29.<br><br>A review of the ADL (activities of daily living) document for March 2024 revealed missing documentation for: bladder elimination and grooming: day shift-3/16, 3/17 and 3/31; evening shift-3/8, 3/17 and 3/29.<br><br>A review of the ADL (activities of daily living) document for April 2024 revealed missing documentation for:<br><br>bladder elimination and grooming: day shift-4/3, 4/13, 4/14, 4/17, 4/19 and 4/21; evening shift-4/5, 4/7-4/22 [16 shifts], 4/24, 4/25 and night shift 4/6 and 4/15.<br><br>A review of the ADL (activities of daily living) document for May 2024 revealed missing documentation for: bladder elimination and grooming: evening shift 5/2, 5/19 and 5/20.<br><br>An interview was conducted on 5/28/24 at 8:00 AM with CNA (certified nursing assistant) #1. When asked the frequency of incontinence care, CNA #1 stated, We try to do it every two hours but it depends upon staffing and the resident's needs. When asked where there would be evidence of incontinence care, CNA #1 stated, In PCC.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE: 1801 Camelot Drive Virginia Beach, VA 23454 | |

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|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An interview was conducted on 5/29/24 at 9:00 AM with Resident #1. When asked if she is kept dry, Resident #1 stated, Not always, sometimes I wait a long time. It is getting better.<br><br>On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.<br><br>No further information was provided prior to exit. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Virginia Beach Healthcare and Rehab Center | 1801 Camelot Drive Virginia Beach, VA 23454 |

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|---|---|

F 0690

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183

Based on staff interview, clinical record review and facility document review, it was determined the facility staff failed to meet provide catheter care for one of five residents in the survey sample, Resident #4.

The findings include:

The facility staff failed to provide urinary catheter care for Resident #4.

Resident #4 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: sepsis, dementia, cardiomyopathy, Parkinson's and COPD (chronic obstructive pulmonary disease).

The most recent MDS (minimum data set) assessment, a significant change assessment, with an ARD (assessment reference date) of 10/27/23, coded the resident as scoring a 13 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively intact. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer, bathing, bed mobility, dressing, hygiene, toileting and moderate assist for eating.

A review of the comprehensive care plan dated 11/11/21 revealed, FOCUS: Resident has Congestive Heart Failure. INTERVENTIONS: Give cardiac medications as ordered.

A review of the physician orders dated 12/1/23 revealed, Foley care every shift and revised on 12/15/23 Foley care every shift. Document output every shift. Monitor for signs/symptoms of infection. Notify MD as needed.

A review of the December 2023 and the January 2024 TAR (treatment administration record) revealed missing documentation on the following shifts and dates:

Day Shift: 12/9/23, 12/21/23, 12/22/23, 12/30/23, 1/2/24, 1/3/24 and 1/8/24.

Evening Shift: 12/11/23, 12/15/23, 12/24/23 and 1/20/24.

Night Shift: 12/10/23, 12/15/23, 12/22/23 and 1/4/24.

An interview was conducted on 5/28/24 at 11:00 AM with LPN (licensed practical nurse) #3. When asked where evidence of foley catheter care would be found, LPN #3 stated, It would be found on the TAR. When asked if there is no documentation of the foley catheter care being provided, was it provided, LPN #3 stated, No, it was not.

On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Camelot Drive Virginia Beach, VA 23454 | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | No further information was provided prior to exit. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Camelot Drive Virginia Beach, VA 23454 | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough food/fluids to maintain a resident's health.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183<br><br>Based on staff interview, resident interview, facility document review and clinical record review, it was determined the facility staff failed to provide feeding assistance to prevent weight loss for one of five residents in the survey sample, Resident #1.<br><br>The findings include:<br><br>The facility failed to provide feeding assistance to prevent weight loss for Resident #1. Resident #1 weighed 127 pounds on 1/13/23, 117.6 pounds on 5/6/23 and currently 99.3 on 5/1/24.<br><br>Resident #1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: CKD (chronic kidney disease), vascular dementia and stroke with hemiplegia.<br><br>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 4/22/24, coded the resident as scoring a 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was unable to complete the interview. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer and bathing; extensive assistance for bed mobility, dressing, hygiene, toileting and eating.<br><br>A review of the comprehensive care plan dated 5/22/23 revealed, FOCUS: Resident is at risk for weight loss or malnutrition related to past medical history or diagnosis of dehydration, acute renal failure, dysphagia requiring modified-texture diet, nausea/ vomiting, suboptimal PO intakes- receiving oral nutrition supplements. BMI < 18.5, indicative of underweight status. INTERVENTIONS: Registered dieticians consult as needed. Record % meal intake. Provide supplements as ordered.<br><br>A review of the ADL (activities of daily living) document for March 2024 revealed missing documentation for: eating/self-performance: Day shift (breakfast and lunch)-3/16, 3/17 and 3/31. Evening shift (supper)-3/8, 3/17 and 3/29.<br><br>A review of the ADL (activities of daily living) document for April 2024 revealed missing documentation for:<br><br>eating/self-performance: Day shift (breakfast and lunch)-4/3, 4/13, 4/14, 4/17, 4/19 and 4/21. Evening shift (supper)-4/5, 4/7-4/22 [16 shifts], 4/24 and 4/25.<br><br>A review of the ADL (activities of daily living) document for May 2024 revealed missing documentation for: eating/self-performance: Evening shift (supper)-5/2, 5/19 and 5/20.<br><br>An interview was conducted on 5/28/24 at 8:00 AM with CNA (certified nursing assistant) #1. When asked about feeding assistance, CNA #1 stated, We feed them as quickly as possible. When asked where there would be evidence of feeding assistance being provided, CNA #1 stated, We document it in PCC the ADL/CNA form.<br><br>(continued on next page) |

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| NAME OF PROVIDER OR SUPPLIER Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Camelot Drive Virginia Beach, VA 23454 | |

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|---|---|
| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An interview was conducted on 5/29/24 at 9:00 AM with Resident #1. When asked if she is provided feeding assistance, Resident #1 stated, Not always, I wait a long time and sometimes the food is cold, or I do not get fed at all.<br><br>On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.<br><br>No further information was provided prior to exit. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183<br><br>Based on resident and staff interview, resident observation, facility document review and clinical record review, it was determined that the facility staff failed to provide sufficient staffing to meet resident needs for two of five residents in the survey sample, Resident #1 and Resident #4.<br><br>The findings include:<br><br>1.The facility staff failed to provide sufficient staffing to meet Resident #1's needs.<br><br>During the course of the standard, licensure and complaint Medicare survey conducted 5/24/24-5/29/24, a request was made on 5/24/24 for the as worked staffing schedule for 3/1/24-5/24/24. When asked during the entrance conference if there were any staffing waivers, ASM (administrative staff member) #2, the director of nursing, stated, No, there are no waivers.<br><br>Resident #1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: CKD (chronic kidney disease), vascular dementia and stroke with hemiplegia.<br><br>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 4/22/24, coded the resident as scoring a 99 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was unable to complete the interview. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer and bathing; extensive assistance for bed mobility, dressing, hygiene, toileting and eating.<br><br>A review of the comprehensive care plan dated 5/22/23 revealed, FOCUS: Resident is at risk for weight loss or malnutrition related to past medical history or diagnosis of dehydration, acute renal failure, dysphagia requiring modified-texture diet, nausea/ vomiting, suboptimal PO intakes- receiving oral nutrition supplements. BMI < 18.5, indicative of underweight status. INTERVENTIONS: Registered dieticians consult as needed. Record % meal intake. Provide supplements as ordered.<br><br>A review of the ADL (activities of daily living) document for March and April 2024 revealed missing documentation for: bladder elimination: evening shift-3/8, 4/7-4/22 [16 shifts].<br><br>A review of the as worked staffing sheets for 3/1/24-5/24/24 revealed Unit 2 evening shift: 3/8/24 no CNA, 4/6/24- 2 CNAs, 4/7-2 CNAs, 4/15 no CNA, 4/17-2 CNAs.<br><br>An interview was conducted on 5/24/24 at 8:45 AM with Resident #2 (BIMS of 15), when asked about staffing, Resident #2 stated, Yes, it was awful back in March and April, it is getting better now.<br><br>An interview was conducted on 5/28/24 at 8:00 AM with CNA (certified nursing assistant) #1. When asked the frequency of incontinence care, CNA #1 stated, We try to do it every two hours but it depends upon staffing and the resident's needs.<br><br>(continued on next page) |

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| NAME OF PROVIDER OR SUPPLIER Virginia Beach Healthcare and Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Camelot Drive Virginia Beach, VA 23454 | |

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|---|---|
| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An interview was conducted on 5/28/24 at 11:00 AM with LPN (licensed practical nurse) #3. When asked if there is adequate staffing, LPN #3 stated, No, not all of the time. It is getting better, but it was not good a couple of months ago. When asked specifics, LPN #3 stated, There would be no nurse scheduled for a unit or CNAs would be minimal not enough to meet the resident's needs.<br><br>An interview was conducted on 5/29/24 at 8:30 AM with OSM (other staff member) #13, the scheduler. When asked how long she had been in the position, OSM #13 stated, It was the end of April. The previous person was PRN (as needed). I am not sure what process they used then. When asked the staffing pattern for Unit 2, OSM #13 stated, On day shift- 3 nurses and 4-5 CNAs, evening shift -2 nurses and 3-4 CNAs and night shift- 1 nurse and 2 CNAs. When asked how staffing holes are filled, OSM #13 stated, We use occulus as our agency for staffing. I give them the needs schedule 3-4 weeks out. If there are staffing holes due to vacancies and/or call outs then the DON or ADON is to come and assist. When asked about holes on the schedules March April, she stated, We were shorter staffed then.<br><br>An interview was conducted on 5/29/24 at 9:00 AM with Resident #1. When asked if she is provided feeding assistance, Resident #1 stated, Not always, I wait a long time and sometimes the food is cold, or I do not get fed at all. They have not had good staffing.<br><br>On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.<br><br>No further information was provided prior to exit.<br><br>2.The facility staff failed to provide sufficient staffing to meet Resident #4's needs.<br><br>During the course of the standard, licensure and complaint Medicare survey conducted 5/24/24-5/29/24, a request was made on 5/24/24 for the as worked staffing schedule for 12/1/23-1/31/24. When asked during the entrance conference if there were any staffing waivers, ASM (administrative staff member) #2, the director of nursing, stated, No, there are no waivers.<br><br>Resident #4 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: sepsis, dementia, cardiomyopathy, Parkinson's and COPD (chronic obstructive pulmonary disease).<br><br>The most recent MDS (minimum data set) assessment, a significant change assessment, with an ARD (assessment reference date) of 10/27/23, coded the resident as scoring a 13 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively intact. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer, bathing, bed mobility, dressing, hygiene, toileting and moderate assist for eating.<br><br>A review of the comprehensive care plan dated 11/11/21 revealed, FOCUS: Resident has Congestive Heart<br><br>Failure. INTERVENTIONS: Give cardiac medications as ordered.<br><br>(continued on next page) |

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|---|---|
| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A review of the physician orders dated 11/30/22 revealed, Atorvastatin Calcium Oral Tablet 40 MG (milligram). Give 1 tablet by mouth at bedtime for HLD. Sinemet Oral Tablet 25-100 MG. Give 1 tablet by mouth two times a day for Parkinsons; and those dated 12/23/23: Zaleplon Oral Capsule 10 MG. Give 1 capsule by mouth at bedtime for insomnia. Xalatan Ophthalmic Solution 0.005%, Instill 1 drop in right eye at bedtime.<br><br>A review of the December MAR (medication administration record) revealed, missing 9:00 PM doses on 12/31/23 of Atorvastatin Calcium Oral Tablet 40 MG (milligram). Give 1 tablet by mouth at bedtime for HLD. Sinemet Oral Tablet 25-100 MG. Give 1 tablet by mouth two times a day for Parkinsons; and those dated 12/23/23: Zaleplon Oral Capsule 10 MG. Give 1 capsule by mouth at bedtime for insomnia. Xalatan Ophthalmic Solution 0.005%, Instill 1 drop in right eye at bedtime.<br><br>A review of the as worked staffing sheets for 12/1/23-1/31/24 revealed Unit 1: 12/31/23 no nurse scheduled after 7:00 PM. Staffing sheets were not available for review from 12/21/23-12/28/23.<br><br>An interview was conducted on 5/28/24 at 11:00 AM with LPN (licensed practical nurse) #3. When asked if there is adequate staffing, LPN #3 stated, No, not all of the time. It is getting better, but it was not good a couple of months ago. When asked specifics, LPN #3 stated, There would be no nurse scheduled for a unit or CNAs would be minimal not enough to meet the resident's needs.<br><br>An interview was conducted on 5/29/24 at 8:30 AM with OSM (other staff member) #13, the scheduler. When asked how long she had been in the position, OSM #13 stated, It was the end of April. The previous person was PRN (as needed). I am not sure what process they used then. When asked the staffing pattern for Unit 2, OSM #13 stated, On day shift- 3 nurses and 4-5 CNAs, evening shift -2 nurses and 3-4 CNAs and night shift- 1 nurse and 2 CNAs. When asked how staffing holes are filled, OSM #13 stated, We use (name of staffing agency) as our agency for staffing. I give them the needs schedule 3-4 weeks out. If there are staffing holes due to vacancies and/or call outs then the DON or ADON is to come and assist. When asked about holes on the schedules March April, she stated, We were shorter staffed then.<br><br>On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.<br><br>No further information was provided prior to exit. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495237 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/29/2024 |
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|---|---|
| F 0809<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure meals and snacks are served at times in accordance with resident’s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.<br><br>42183<br><br>Based on observations, staff interview, and facility document review, it was determined that the facility staff failed to provide snacks at bedtime and meals in a timely manner.<br><br>The findings include:<br><br>Mealtimes provided by the facility indicated that breakfast was to be delivered to unit 2A at 8:10 AM and unit 2B at 8:40 AM; lunch was to be delivered to unit 2A at 12:15 PM and unit 2B at 1:05 PM.<br><br>During the survey period of 5/24/24-5/29/24 meals were observed to be delivered on 5/24/24 unit 2B at 9:00 AM. On 5/28/24 on unit 2A breakfast was delivered at 8:30 AM unit 2 B at 8:55 AM and unit 2A lunch at 12:35 PM and unit 2B at 1:15 PM.<br><br>5/28/24 tour of the pantries on all units revealed the following:<br><br>1:10 PM observations of Unit 1 pantry: Lance PB cheese crackers 6 packs, 12 chocolate puddings, no applesauce, no graham crackers, no milk, no cheese.<br><br>1:15 PM observations of Unit 2 pantry: Lance PB cheese crackers 5 packs, Lance Toasted crackers 10 packs, no applesauce, no graham crackers, no milk, no cheese.<br><br>1:25 PM observations on Unit 3 pantry: Lance PB cheese crackers 3 packs, no applesauce, no graham crackers, no milk, no cheese.<br><br>1:35 PM observations on Unit 4 pantry: Lance PB cheese crackers 5 packs, 2 chocolate puddings, no applesauce, no graham crackers, no milk, no cheese.<br><br>An interview was conducted on 5/28/24 at 12:40 PM with LPN (licensed practical nurse) #1. When asked if snacks are provided, LPN #1 stated, We usually only have saltines or graham crackers. The kitchen has told us snacks are not in the budget. Sometimes there is not applesauce or pudding to use for medication administration.<br><br>An interview was conducted on 5/28/24 at 2:20 PM with CNA (certified nursing assistant) #3. When asked if there are snacks available for bedtime, CNA #3 stated, No, not usually. We do not offer them because we do not have them.<br><br>(continued on next page) |

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| F 0809<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An interview was conducted on 5/28/24 at 2:40 PM with OSM (other staff member) #5, the Regional Director of Operations Culinary, and OSM #6, the new dietary manager (started 527/24). When asked about meal tray delivery, OSM #5 stated, We are short staffed, I have housekeeping helping out, rolling carts out to the floor and scraping plates. We are hiring staff in order to be able to get the meals out on time. When asked about snacks in the pantries, OSM #5 stated, The previous manager evidently did not do this. Normally there is a pantry par level and it is adjusted all the time, based on resident and unit needs. Yes, there should be a variety. We have been unable to obtain milk in cartons, only have large containers of whole milk. We just got an order in today of snacks, Lance PB cheese crackers, fig bars, granola bars, applesauce, pudding and graham crackers.<br><br>An interview was conducted on 5/29/24 at 9:00 AM with Resident #1, when asked if she is offered snacks at bedtime, Resident #1 stated, No, I am not.<br><br>An interview was conducted on 5/29/24 at 9:05 AM with Resident #2, when asked if she is offered snacks a bedtime, Resident #2 stated, No, there is not an offer of snacks. I do not believe they have any.<br><br>On 5/29/24 at 1:45 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the assistant administrator, ASM #3, the DON (director of nursing) ASM #4, the regional director of clinical services and ASM #5, the regional director of clinical services was made aware of the findings.<br><br>No further information was provided prior to exit. |