STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canterbury Rehabilitation and Healthcare Center	1776 Cambridge Drive Richmond, VA 23238

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183 Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide ADL (activities of daily living) care for dependent residents for four of six residents, R2, R3, R4 and R5. The findings include: 1. The facility staff failed to provide ADL (activities of daily living) specifically turning and positioning for a dependent resident, R2. R2 was admitted to the facility on [DATE] with diagnosis that included but were not limited to POA (present on admission) pressure wound sacral area, left and right heel, osteoarthritis, Adult FTT (failure to thrive) and osteomyelitis. The most recent MDS (minimum data set) assessment, an admission 5-day assessment, with an ARD (assessment reference date) of 2/3/25, coded the resident as scoring a 07 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as being dependent for bed mobility/transfers/bathing/dressing/toileting and eating. A review of the comprehensive care plan dated 1/28/25 revealed, FOCUS: I have skin breakdown and/or potential for skin breakdown: Sacrum, L heel and R heel. INTERVENTIONS: Notify nurse immediately of any skin changes: redness, blisters, bruises, discoloration, etc. noted during care. I need reminding/assistance to turn/reposition at least every 2 hours, more often as needed or requested. A review of R2's ADL (activities of daily living) documentation, Bed Mobility - Turn and Positioning was missing on the following dates and shifts: evening shift: 1/31, 2/8, 2/9 and night shift: 1/28, 2/1. On 2/12/25 at 11:40 AM an interview was conducted with CNA (certified nursing assistant) #1. When asked the frequency of turning and repositioning residents, CNA #1 stated, Every two hours and we document it on the ADL (activities of daily living) form. On 2/13/25 at 7:15 AM an interview was conducted with CNA #2. When asked the frequency of turning and repositioning residents, CNA #2 stated,We turn them every two hours unless they refuse. When asked where this is documented, CNA #2 stated, It is documented on our form in PCC (point click care). (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

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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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/13/25 at 10:30 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the DON (director of nursing) ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the findings. No further information was provided prior to exit. 2. The facility staff failed to provide ADL (activities of daily living) specifically turning and positioning for a dependent resident, R3. R3 was admitted to the facility on [DATE] with diagnosis that included but were not limited to DM (diabetes mellitus), Respiratory failure and encephalopathy. The most recent MDS (minimum data set) assessment, an admission 5-day assessment, with an ARD (assessment reference date) of 2/2/25, coded the resident as scoring a 14 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 being dependent for bed mobility/transfers/bathing/dressing/toileting and eating. A review of the comprehensive care plan dated 1/28/25 revealed, FOCUS: I have an ADL Self Care Performance Deficit related to Encephalopathy, DM, Chronic respiratory failure with hypoxia, MI, Heart failure, Tracheostomy, Ischemic Cardiomyopathy, and Back pain. INTERVENTIONS: BED MOBILITY: I am dependent on 2 staff and a sheet for turning and repositioning. A review of R3's ADL (activities of daily living) documentation, Bed Mobility - Turn and Positioning was missing on the following dates and shifts: evening shift: 2/9 and night shift: 1/28, 2/1, 2/9 and 2/10. On 2/12/25 at 11:40 AM an interview was conducted with CNA (certified nursing assistant) #1. When asked the frequency of turning and repositioning residents, CNA #1 stated, Every two hours and we document it on the ADL (activities of daily living) form. On 2/13/25 at 7:15 AM an interview was conducted with CNA #2. When asked the frequency of turning and repositioning residents, CNA #2 stated, We turn them every two hours unless they refuse. When asked where this is documented, CNA #2 stated, It is documented on our form in PCC (point click care). On 2/13/25 at 10:30 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the DON (director of nursing) ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the findings. No further information was provided prior to exit. 3. The facility staff failed to provide ADL (activities of daily living) specifically turning and positioning for a dependent resident, R4. R4 was admitted to the facility on [DATE] with diagnosis that included but were not limited to POA (present on admission) pressure wound sacral area, DM (diabetes mellitus) ESRD (end stage renal disease) and fracture of femur. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The most recent MDS (minimum data set) assessment, an admission 5-day assessment, with an ARD (assessment reference date) of 2/8/25, 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 being dependent for bed mobility/transfers/bathing/dressing/toileting and eating. A review of the comprehensive care plan dated 2/3/25 revealed, FOCUS: I have an ADL Self Care Performance Deficit related to fall at home with left femur fracture, ESRD on hemodialysis. INTERVENTIONS: Notify nurse immediately of any skin changes: redness, blisters, bruises, discoloration, etc. noted during care. I need reminding/assistance to turn/reposition at least every 2 hours, more often as needed or requested. A review of R4's ADL (activities of daily living) documentation, Bed Mobility - Turn and Positioning was missing on the following dates and shifts: evening shift: 2/8, 2/9 and night shift: 2/2 and 2/10. On 2/12/25 at 11:40 AM an interview was conducted with CNA (certified nursing assistant) #1. When asked the frequency of turning and repositioning residents, CNA #1 stated,Every two hours and we document it on the ADL (activities of daily living) form. On 2/13/25 at 7:15 AM an interview was conducted with CNA #2. When asked the frequency of turning and repositioning residents, CNA #2 stated, We turn them every two hours unless they refuse. When asked where this is documented, CNA #2 stated,It is documented on our form in PCC (point click care). On 2/13/25 at 10:30 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the DON (director of nursing) ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the findings. No further information was provided prior to exit. 4. The facility staff failed to provide ADL (activities of daily living) specifically turning and positioning for a dependent resident, R5. R5 was admitted to the facility on [DATE] with diagnosis that included but were not limited to wedge compression fracture, pressure wound and multiple sclerosis. The most recent MDS (minimum data set) assessment, an admission 5-day assessment, with an ARD (assessment reference date) of 1/29/25, coded the resident as scoring a 13 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 being dependent for bed mobility/transfers/bathing/dressing/toileting and eating. A review of the comprehensive care plan dated 1/23/25 revealed, FOCUS: I have an ADL Self Care Performance Deficit related to Activity Intolerance, Deconditioned status post hospitalization , Disease Process and Fatigue. INTERVENTIONS: BED MOBILITY: I require the assist of 1 staff and a sheet for turning and repositioning. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of R5's ADL (activities of daily living) documentation, Bed Mobility - Turn and Positioning was missing on the following dates and shifts: day shift: 2/10, evening shift: 2/8 and night shift: 2/1 and 2/9. On 2/12/25 at 11:40 AM an interview was conducted with CNA (certified nursing assistant) #1. When asked the frequency of turning and repositioning residents, CNA #1 stated, Every two hours and we document it on the ADL (activities of daily living) form. On 2/13/25 at 7:15 AM an interview was conducted with CNA #2. When asked the frequency of turning and repositioning residents, CNA #2 stated, We turn them every two hours unless they refuse. When asked where this is documented, CNA #2 stated, It is documented on our form in PCC (point click care). On 2/13/25 at 10:30 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the DON (director of nursing) ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the findings. No further information was provided prior to exit.