

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>31753</p> <p>Based on observation, staff interview, and clinical record review, the facility staff failed to provide dignity for one of 56 residents in the survey sample, Resident #282.</p> <p>The findings include:</p> <p>For Resident #282 (R282), the facility staff failed to administer medications via PEG (percutaneous endoscopic gastrostomy) tube (1) in a dignified manner.</p> <p>A review of R282's clinical record revealed the resident was admitted to the facility with a PEG tube and a physician's order dated 7/16/24 for nothing by mouth. On 7/23/24 at 8:43 a.m., R282 was observed lying in bed while LPN (licensed practical nurse) #1 raised R282's gown, exposed the resident's abdomen, and administered medications via PEG tube. During this medication administration, R282's room door was left open, and the privacy curtain was not pulled. R282 was visible from the hall.</p> <p>On 7/24/24 at 4:15 p.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>On 7/25/24 at 9:45 a.m., an interview was conducted with LPN #4. LPN #4 stated nurses should pull the privacy curtain and shut the room door to provide privacy and dignity when administering medications via a resident's PEG tube.</p> <p>The facility policy titled, Administering Medications failed to document information regarding dignity.</p> <p>Reference:</p> <p>(1) A PEG tube is a feeding tube that is inserted directly into the stomach. This information was obtained from the website: https://medlineplus.gov/ency/article/002937.htm.</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
-----------------------------------------------------------------------	-------	-----------

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>31753</p> <p>Based on observation, staff interview, facility document review, and clinical record review, the facility staff failed to maintain confidentiality for three of 56 residents in the survey sample, Residents #21, #162, and #44.</p> <p>The findings include:</p> <p>For Residents #21 (R21), #162 (R162), and #44 (R44), LPN (licensed practical nurse) #2 left a sheet of paper with confidential information on top of the medication cart in the hall while the nurse walked to the medication room.</p> <p>A review of R21's clinical record revealed a diagnosis of legal blindness and a physician's order dated 7/9/24 for dialysis every Monday, Wednesday, and Friday.</p> <p>A review of R162's clinical record revealed a physician's order dated 6/25/24 for dialysis every Monday, Wednesday, and Friday.</p> <p>A review of R44's clinical record revealed a physician's order dated 6/14/24 for dialysis every Monday, Wednesday, and Friday.</p> <p>On 7/23/24 at 8:51 a.m., LPN (licensed practical nurse) #2 was observed preparing medications at the medication cart in the hall. On 7/23/24 at 9:00 a.m., LPN #2 walked away from the medication cart to a medication room and the cart was out of her line of sight. While away from the medication cart, LPN #2 left a sheet of paper that contained residents' pictures and names on top of the medication cart. The words blind and dialysis were handwritten beside R21's picture and name. The word dialysis was handwritten beside R162's picture and name. The word dialysis was handwritten beside R44's picture and name. While LPN #2 was away from the medication cart, a resident and staff were observed walking past the cart.</p> <p>On 7/23/24 at 9:40 a.m., an interview was conducted with LPN #2. LPN #2 stated she didn't know the residents well so the sheet of paper on top of the medication cart was a cheat sheet that she wrote notes on.</p> <p>On 7/24/24 at 12:38 p.m., another interview was conducted with LPN #2. LPN #2 stated she should not have left her cheat sheet on top of the medication cart where it could be viewed by others because the paper contained personal information.</p> <p>On 7/24/24 at 4:15 p.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern. The facility policy titled, Confidentiality of Information and Personal Privacy documented, 1. The facility will safeguard the personal privacy and confidentiality of all resident personal and medical records.</p> <p>No further information was presented prior to exit.</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>42106</p> <p>Based on observation, staff interview, clinical record review, and facility document review, it was determined that the facility staff failed to maintain a clean and homelike environment for two of 56 residents in the survey sample, Resident #86 and Resident #4.</p> <p>The findings include:</p> <p>1. For Resident #86 (R86), the facility staff failed to change a blanket with a large brown stain from 7/22/24 at 2:04 p.m. through 7/23/24 at 9:30 a.m.</p> <p>On the most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 4/26/24, the resident scored 4 out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely impaired for making daily decisions. The assessment documented no behaviors or rejection of care.</p> <p>On 7/22/24 at 2:04 p.m., an observation was made of R86 in their room. R86 was observed lying in bed covered with a white blanket that was observed to have a brown stain approximately 12 inches long and four inches wide on the lower center of the blanket. A strong urine smell was present. R86 was not able to be interviewed due to their cognitive status but was pleasantly confused and friendly, stating that she was sick but could not elaborate what was wrong. Two napkins and a straw were observed on the floor beside R86's bed.</p> <p>On 7/22/24 at 2:06 p.m., a staff member was observed entering the residents room.</p> <p>On 7/22/24 at 3:00 p.m., R86 was observed lying in bed. The urine smell was not present at this time and the floor was cleaned, however the brown stain on the blanket was visible. R86 remained pleasantly confused.</p> <p>On 7/22/24 at 4:31 p.m., an additional observation was made of R86. R86 was observed in bed asleep. The brown stain remained on the blanket.</p> <p>On 7/23/24 at 9:30 a.m., R86 was observed sitting on the side of the bed eating breakfast with a blanket wrapped around them. The brown stain was observed in the same area on the blanket and was approximately 12 inches long and four inches wide.</p> <p>The comprehensive care plan for R86 documented in part, I am resistive to care related to Dementia.</p> <p>I have history of hitting self, combativeness, refuse medication, refuse care, and refuse skin checks at times. Date Initiated: 01/11/2023. The care plan documented under Interventions/Tasks in part, .If resident resists with ADLs (activities of daily living), reassure resident, leave and return 5-10 minutes later. Date Initiated: 04/03/2023 .</p> <p>(continued on next page)</p>

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/24/24 at 11:00 a.m., an interview was conducted with CNA (certified nursing assistant) #4. CNA #4 stated that they worked on the dementia unit regularly and many of the residents had behaviors and refused care at times. CNA #4 stated that the bed linens were changed on shower days which were twice a week and anytime they were soiled. CNA #4 stated that on the unit the linens normally became soiled more often than the shower days so they were changed often. CNA #4 stated that if the linens were soiled they should be changed right away and if the resident refused they normally would leave the room and return a few minutes later to try again until the resident allowed them to change them. CNA #4 stated that if the resident continued to refuse the linen change they would notify the nurse so they could try.</p> <p>On 7/24/24 at 11:12 a.m., an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated that linens were changed when they were soiled as soon as they were observed and they should be kept clean. LPN #5 stated that the only time there should be a delay in changing dirty linens would be during meals if the resident was eating and did not want them changed.</p> <p>The facility policy titled, Homelike Environment dated February 2021 documented in part, .Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible .The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary and orderly environment . e. clean bed and bath linens that are in good condition .</p> <p>On 7/24/24 at approximately 4:30 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations and ASM #5, the regional nurse consultant were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>27660</p> <p>2. For Resident #4, the facility staff failed to maintain the bed in a clean and homelike manner, food debris was noted on the side rails.</p> <p>Observation was made of R4's room on 7/22/24 at 1:12 p.m. A brown substance was noted on the grab bars on both sides of the bed. More on the resident's left side than the right side. A second observation was made of the bed on 7/23/24 at 2:13 p.m. The same brown substance was noted on the grab bars on both sides of the bed.</p> <p>Observation was made of the grab bars on 7/24/24 at 2:29 p.m. with LPN (licensed practical nurse) #4, the unit manager. When shown the grab bars, LPN #4 couldn't tell what the brown substances was, he stated, it appears to be food as the bars are plastic. When asked if that was homelike, LPN #4 stated, no. He went and got a staff member from housekeeping.</p> <p>On 7/23/24 at 2:52 p.m. OSM (other staff member) #3, the director of environmental services, was shown the grab bars. When asked if that is rust or what, OSM #3 stated she didn't know what it was and proceeded to take the grab bar off the bed and handed it to another environmental services staff member.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>ASM #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations, and ASM #5, the regional nurse consultant, were made aware of the above concerns on 7/24/24 at 4:00 p.m.</p> <p>No further information was provided prior to exit.</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>42106</p> <p>Based on clinical record review, staff interview, and facility document review, it was determined that the facility staff failed to evidence ombudsman notification of a facility initiated transfer for one of 56 residents in the survey sample, Resident #30.</p> <p>The findings include:</p> <p>For Resident #30 (R30), the facility staff failed to evidence ombudsman notification of a facility initiated transfer on 4/6/24.</p> <p>A review of R30's clinical record revealed the following progress note: 4/6/2024 07:39 (7:39 a.m.) Note Text: CNA (certified nursing assistant) notified writer that resident was choking on a peanut butter sandwich. Writer assessed resident and performed the Heimlich maneuver. Small amount of sandwich came out of resident's mouth. Resident noted still unable to breathe. All available staff including respiratory therapist was notified of emergency situation and came up to assist with patient care. EMS (emergency medical services) was called and patient was sent to [Name of hospital] for evaluation. [Name of physician] and RP (responsible party) [Name of RP] was notified of patient situation.</p> <p>Further review of the clinical record failed to evidence that written notification of transfer was provided to the long-term care ombudsman for the transfer on 4/6/24.</p> <p>On 7/24/24 at approximately 9:00 a.m., a request was made to ASM (administrative staff member) #1, the administrator, for evidence of ombudsman notification for R30's transfer on 4/6/24.</p> <p>On 7/24/24 at 11:12 a.m., an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated that when they sent a resident to the hospital they sent clinical information but they did not send anything to the ombudsman.</p> <p>On 7/24/24 at 3:38 p.m., ASM #1 stated that they did not have an ombudsman notification to provide for R30's transfer on 4/6/24.</p> <p>On 7/25/24 at 9:05 a.m., an interview was conducted with OSM (other staff member) #1, care navigator. OSM #1 stated that they were responsible for ombudsman notification of discharges and transfers at the facility. She stated that each month she pulled a report and faxed it to the ombudsman and kept the list with the fax confirmation in their office. She stated that she was unable to find evidence that notification was sent for R30's hospital transfer on 4/6/24.</p> <p>The facility policy Transfer or Discharge, Facility-Initiated dated October 2022, documented in part, .Notice of Transfer or Discharge (Emergent or Therapeutic Leave) .Notice of Transfer is provided to the resident and resident representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (e.g., in a monthly list of residents that includes all notice content requirements) .</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/25/24 at approximately 12:08 p.m., ASM #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations and ASM #5, the regional nurse consultant were made aware of the above concern.</p> <p>No further information was provided prior to exit.</p>

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183</p> <p>Based on observations, staff /resident interviews facility document review and clinical record review, it was determined the facility staff failed to develop/implement the care plan for four of 56 residents in the survey sample,</p> <p>R429, F128, F479, F84</p> <p>The findings include:</p> <p>1. The facility staff failed to implement the comprehensive care plan for a urinary catheter for Resident #429.</p> <p>Resident #4295 was admitted to the facility on [DATE] with diagnosis that included but were not limited to respiratory failure, trach and non-traumatic intracerebral hemorrhage.</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 2/20/24, coded the resident as scoring a 12 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as being dependent for bathing/transfer/dressing/toileting and eating.</p> <p>A review of the comprehensive care plan dated 5/6/18 revealed, FOCUS: Resident has an indwelling urinary catheter obstructive uropathy. INTERVENTIONS: Monitor/record/report as needed signs/symptoms UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency and foul-smelling urine.</p> <p>A review of the physician orders dated 2/8/24 revealed, Urinary Catheter Care: Clean area around catheter with soap and water every shift. Urinary Catheter: Maintain #16/10 foley catheter to straight drain, diagnosis of neurogenic bladder, document urinary output every shift.</p> <p>A review of the February 2024 TAR (treatment administration record) revealed missing documentation for Urinary Catheter: Maintain #16/10 foley catheter to straight drain, diagnosis of neurogenic bladder, document urinary output every shift: on day shift 2/24 and 2/25, night shift 2/11 and 2/29.</p> <p>A review of the March 2024 TAR revealed missing documentation for Urinary Catheter: Maintain #16/10 foley catheter to straight drain, diagnosis of neurogenic bladder, document urinary output every shift: on day shift- 3/1, 3/2m 3/4m 3.8 and night shift March 4th and 3/10.</p> <p>An interview with LPN (licensed practical nurse) #2 was conducted on 7/24/24 at 11:15 AM. When asked the purpose of the care plan, LPN #2 stated, to identify the care needs for the individual resident. When asked if the interventions for the urinary catheter were not evidenced, was the care plan implemented, LPN #2 stated, no, it was not.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/25/24 at 12:05 PM, ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing, ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the above concerns.</p> <p>A review of the facility's Care Plan policy, which revealed, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>No further information was provided prior to exit.</p> <p>2. The facility staff failed to implement the comprehensive care plan for dialysis care for Resident #128.</p> <p>Resident #128 was admitted to the facility on [DATE] with diagnosis that included but were not limited to DM (diabetes mellitus), acute/chronic respiratory failure, trach, ESRD (end stage renal disease) and hemodialysis.</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 6/6/24, 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 mobility/transfers/dressing/toileting/bathing and set-up for eating.</p> <p>A review of the comprehensive care plan dated 5/31/24 revealed, FOCUS: Resident has hemodialysis related to ESRD, has right chest permcath. INTERVENTIONS: Resident receives dialysis on Monday, Wednesday and Fridays.</p> <p>A review of the physician orders dated 6/2/24 revealed, Dialysis: Emergency Care of Dialysis Site, Apply Pressure if bleeding, Notify Physician as needed for bleeding.</p> <p>A review of the June 2024 TAR revealed no documentation of bleeding checks on 6/4 evening shift and 6/7-day shift.</p> <p>A review of the dialysis communication sheets for Resident #128 revealed no evidence of communication sheets for 7/3 and 7/5.</p> <p>An interview with LPN (licensed practical nurse) #2 was conducted on 7/24/24 at 11:15 AM. When asked the purpose of the care plan, LPN #2 stated, to identify the care needs for the individual resident. When asked if the interventions for the urinary catheter were not evidenced, was the care plan implemented, LPN #2 stated, no, it was not.</p> <p>On 7/25/24 at 12:05 PM, ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing, ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the above concerns.</p> <p>No further information was provided prior to exit.</p> <p>31753</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. For Resident #479 (R479), the facility staff failed to implement the resident's comprehensive care plan for urinary catheter care.</p> <p>A review of R479's clinical record revealed a physician's order dated 1/26/24 for urinary catheter care: clean the area around the catheter with soap and water every shift.</p> <p>R479's comprehensive care plan dated 1/30/24 documented, I have an indwelling urinary catheter r/t (related to) neurogenic bladder, stage 4 pressure ulcer. Provide urinary catheter care every shift and as needed.</p> <p>R479's February 2024 TAR (treatment administration record) documented the same physician's order. Further review of R479's February TAR failed to reveal urinary catheter care was provided during the day shift on 2/1/24, during the day shift on 2/9/24, and during the day shift on 2/14/24 (as evidenced by blank spaces on the TAR). Nurses' notes also failed to reveal documentation that the treatments were completed on those dates.</p> <p>On 7/24/24 at 12:38 p.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated the purpose of the care plan is to, follow the plan of the person. It's individualized to the person's care. Nurses have access to implement it. LPN #2 stated nurses evidence that treatments such as urinary catheter care have been done by signing the treatments off on the TAR.</p> <p>On 7/24/24 at 4:15 p.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>27660</p> <p>4. For Resident #84, the facility staff failed to implement the comprehensive care plan for respiratory therapy care for a resident with a tracheostomy.</p> <p>The comprehensive care plan dated, 1/24/24, documented in part, Focus: I have a tracheostomy r/t respiratory failure, sob (shortness of breath) when lying flat at times. The Interventions documented in part, Respiratory therapy as ordered.</p> <p>The February 2024 RAR documented, Trach care every shift, and as needed. Every shift. On 2/12/24, there was a blank for the day shift.</p> <p>The February 2024 RAR documented, Verify Ambu bag and back-up trach present at bedside Q (every) shift. On 2/12/24, there was a blank for the day shift.</p> <p>The April 2024 RAR documented, Oral Care every shift and as needed two times a day. On 4/27/24 and 4/29/24, there was a blank for the 11:00 a.m. block. On 4/26/24 through 4/29/24, there was a blank for the 6:00 p.m. time.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The April 2024 RAR documented, Trach Present: Make: Shiley, Model: flex, Size: #6, Type: Uncuffed. two times a day. There were blanks for the 10:00 a.m. time on 4/1/24, 4/5/24, 4/6/24, 4/7/24, 4/8/24, 4/25/24, and 4/29/24. There were blanks for the 6:00 p.m. time on 4/1/24, 4/3/24, 4/5/24, 4/6/24, 4/7/24, 4/8/24, 4/9/24, 4/11/24, 4/12/24, 4/13/24, 4/14/24, 4/20/24, 4/21/24, 4/22/24, 4/23/24, 4/26/24, 4/27/24, 4/28/24 and 4/29/24.</p> <p>The April 2024 RAR documented, Humidified Air via Trach Collar with Oxygen at 2 liters per minute bleed in every shift. There were blanks on the RAR for the day and evening shift on 4/1/24, 4/5/24, 4/6/24, 4/7/24, and 4/8/24. There were blanks for the evening and night shift on 4/1/24, 4/6/24, 4/8/24, 4/12/24, 4/14/24 and 4/17/24.</p> <p>The May 2024 RAR documented, Change Disposable Inner Cannular once daily on Day Shift. Inner Cannula Type: Shiley, Inner Cannula Size: 6, every day shift. On 5/10/24 and 5/14/24, there were blanks for the day shift.</p> <p>The May 2024 RAR documented, Oral Care every shift and as needed, two times a day. On 5/4/24, 5/5/24, 5/6/24, 5/9/24, 5/10/24, 5/14/24, 5/27/24, and 5/30/24, there were blanks for the 11:00 a.m. time scheduled. For the 6:00 p.m. time, there were blanks on 5/1/24, 5/3/24, 5/6/24, 5/7/24, 5/8/24, 5/11/24, 5/12/24, 5/13/24, and 5/27/24.</p> <p>The May 2024 RAR documented, Speaking Valve trials as tolerated every day and evening shift. Remove speaking valve if resident is sleeping, copious or thick secretions are pr, sent, breathing becomes difficult, and for all medicated aerosol treatments. It was scheduled for day and evening shift. On 5/27/24 and 5/30/24 for day shift, there were blanks. On 5/23/24, 5/27/24 and 5/29/24, there were blanks on the evening shift.</p> <p>The May 2024 RAR documented, Trach Present: Make: Shiley, Model: flex, Size #6, Type: Uncuffed, two times a day. This was scheduled for 10:00 a.m. and 6:00 p.m. There were blanks for 10:00 a.m. on 5/6/24, 5/9/24, 5/10/24, 5/14/24, 5/27/24 and 5/30/24. There were blanks for 6:00 p.m. on 5/1/24, 5/3/24, 5/6/24, 5/7/24, 5/8/24, 5/11/24, 5/12/24, 5/13/24, and 5/27/24.</p> <p>The May 2024 RAR documented, Humidified Air via Trach Collar with Oxygen at 10 liters per minute bleed in, every shift. It was scheduled for days, evenings and night shifts. There were blanks on 5/27/24 for days and evening shifts.</p> <p>The May 2024 RAR documented, Verify ambu bag and back-up Trach present at bedside Q (every) shift. It was scheduled for days, evening and night shifts. There were blanks for the night shift on 5/11/24 and 5/12/24. There were blanks for day shift on 5/14/24 and 5/27/24.</p> <p>The June 2024 RAR documented, Change Disposable Inner Cannula once daily on day shift. On 6/1/24, 6/19/24 and 6/30/24, a 5 was documented indicating Hold.</p> <p>The June 2024 RAR documented, Humidified [NAME] via Trach Collar with Oxygen at 10 liters per minute bleed in, every shift. It was scheduled for day, evening, and night shifts. On 6/3/24, there was a blank for the evening and night shift.</p> <p>The June 2024 RAR documented, Oral Care every shift and as needed. It was scheduled for day, evening and night shifts. On 6/20/24, nothing was documented for the entire day.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The June 2024 RAR documented, Verify Ambu Bag and back-up Trach present at bedside Q shift. This was scheduled for the day, evening, and night shifts. On 6/1/24, the evening and night shift was blank.</p> <p>The June 2024 RAR documented, Trach Care every 6 hours and as needed, every 6 hours. This was scheduled for 12:00 a.m., 6:00 a.m. 12:00 p.m. and 6:00 p.m. There were blanks for 12:00 a.m. on 6/4/24. There were blanks for 6:00 a.m. on 6/4/24, and 6/7/24. There were blanks for 6:00 p.m. on 6/5/24 and 6/11/24.</p> <p>The July 2024 RAR documented, Change Trach ties on Monday and Thursday and as needed when soiled. It was scheduled for day shift. On 7/6/24, a 5 was documented, indicating Hold.</p> <p>The July 2024 RAR documented, Change Disposable Inner Cannula BID (twice a day). It was scheduled for 9:00 a.m. and 9:00 p.m. There was a blank for both times on 6/20/24.</p> <p>The July 2024 RAR documented, Oral care every shift and as needed two times a day. It was scheduled for 11:00 a.m. and 6:00 p.m. On 7/3/24 at 11:00 a.m. there was nothing documented.</p> <p>The July 2024 RAR documented, Trach Care every 6 hours and as needed, every 6 hours. This was scheduled for 12:00 a.m., 6:00 a.m. 12:00 p.m. and 6:00 p.m. There was nothing documented for 6:00 a.m. on 7/6/24, 7/18/24 and 7/21/24. There was nothing documented for 12:00 p.m. on 7/3/24 and 7/11/24.</p> <p>An interview was conducted with OSM (other staff member) #16, the respiratory therapist, on 7/25/24 at 9:00 a.m. When asked where the respiratory therapist evidence the care they have provided, OSM #16 stated it's on the Respiratory Administration Record. If it is not documented there, the evidence is not met. When asked why a therapist would document a 5, OSM #16 stated she didn't know why there would be a '5' to hold trach care or the changing of the trach ties. She stated if there is no documentation for respiratory care, then it was not done.</p> <p>An interview was conducted with LPN (licensed practical nurse) #4 on 7/24/24 at 1:25 p.m. When asked the purpose of the care plan, LPN #4 stated it's so they know the plan of care, so they know how to take care of the patient. LPN #4 was asked if it should be followed, LPN #4 stated, yes.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations, and ASM #5, the regional nurse consultant, were made aware of the above concern on 7/25/24 at 12:00 p.m.</p> <p>No further information was provided prior to exit.</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49369</p> <p>Based on observation, staff interview and clinical record review, the facility staff failed to provide ADL (activities of daily living) care for dependent residents for two of 56 residents in the survey sample, Resident #10 and #433.</p> <p>The findings include:</p> <p>1. For Resident #10 (R10), the facility staff failed to answer call lights in a timely manner for a dependent resident.</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/18/24, R10 was admitted the facility 2/2/2. R10 was coded as being moderately impaired for making daily decisions, having scored 12 out 15 on the BIMS (brief interview for mental status). The resident was coded as being frequently incontinent and dependent for toilet hygiene.</p> <p>On 7/23/24 at 11:49 a.m., an observation was made of room [ROOM NUMBER] with a call light on. At 12:05 p.m., there were two staff at the nurse's station. At 12:15 p.m., three staff members were at the nurse's station. At 12:22 p.m., a staff member was seen going into the room and the call light switched off.</p> <p>On 7/23/24 at 12:30 p.m., an interview was conducted with R10. He stated that he switched the call light on earlier for help with incontinence care and that he just got taken care of.</p> <p>On 7/24/24 at 12:38 p.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated call bells should be answered as soon as staff sees them because everybody is supposed to answer call bells. LPN #2 stated it was not acceptable for call bells to ring for over a half hour.</p> <p>On 7/24/24 at 3:45 p.m., an interview was conducted with CNA (certified nursing assistant) #3. CNA#3 stated then when a call light is on the expectation is to go in there, ask what is needed and address the issue. CNA#3 stated that it should take no more than 10-15 minutes to respond. CNA#3 also stated, it is important to answer in a timely manner so residents can get their needs met.</p> <p>On 7/25/24 at 12:08 p.m., ASM (administrative staff member) #1, the administrator, ASM#2, the director of nursing, ASM #4, the regional director of operations and ASM#5, the regional nurse consultant, were informed of these concerns.</p> <p>A review of the facility policy, Answering the Call Light, revealed in part: The purpose of this procedure is to ensure timely responses to the resident's requests and needs .Answer the resident call system as soon as possible</p> <p>No further information was provided prior to exit.</p> <p>42183</p> <p>2. The facility staff failed to provide evidence of incontinence care for Resident #433.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #433 was admitted to the facility on [DATE] with diagnosis that included but were not limited to acute and chronic respiratory failure with hypoxia, DM (diabetes mellitus) and malignant neoplasm of the central nervous system.</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 2/4/24, coded the resident as scoring a 00 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/transferring/toileting/bathing/dressing and eating.</p> <p>A review of the comprehensive care plan dated 1/30/24 revealed, FOCUS: Resident has an ADL self-care performance deficit related to severely impaired mobility. INTERVENTIONS: I am dependent on staff for bathing. I am dependent on staff for grooming/personal hygiene. I am dependent on staff for toileting.</p> <p>A review of the ADL (activities of daily living) documents from February 2024 reveals the missing documentation for bladder/bowel incontinence care, dressing and personal hygiene: February 2024-day shift: 2/3 and 2/11, evening shift: 2/4 and 2/11; night shift 2/3, 2/4, 2/5 and 2/13.</p> <p>On 7/24/24 at approximately 10:00 AM, an interview was conducted with CNA (certified nursing assistant) #1.</p> <p>When asked about providing incontinence care, CNA #1 stated, we try to do rounds every two hours. When asked where bladder/bowel incontinence care, dressing and personal hygiene is documented, CNA #1 stated, it is on the ADL form. When asked how bladder/bowel incontinence care, dressing and personal hygiene care can be evidenced if there is no documentation, CNA #1 stated, it would just be documented on the form, if it was not documented, I guess it was not done.</p> <p>On 7/25/24 at 12:05 PM, ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing, ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the above concerns.</p> <p>No further information was provided prior to exit.</p>

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>27660</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to maintain the resident's highest level of well-being for two of 56 residents in the survey sample, Resident #229 and #479.</p> <p>The findings include:</p> <ol style="list-style-type: none"> For Resident #229, the facility staff failed to obtain daily weights per the physician order. <p>On the most recent MDS (minimum data set) assessment, a Medicare five-day assessment, with an assessment reference date of 6/5/24, the resident scored a five out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely cognitively impaired for making daily decisions.</p> <p>The physician order dated, 5/15/24, documented, Daily weights, notify MD (medical doctor) of weight gain greater than 2 pounds in one day or 3-5 pounds in a week.</p> <p>The May 2024 MAR (medication administration record) documented the above order. On 5/25/24, 5/27/24 and 5/29/24, there were blanks where the weight was to be documented.</p> <p>The June 2024 MAR documented the above order. On 6/5/24, 6/6/24, 6/8/24, 6/9/24, and 6/28/24, there were blanks where the weight was to be documented. On 6/19/24, 6/20/24, and 6/21/24, a 22 was documented. A 22 indicated Drug/Treatment not administered. On 6/29/24, a NA was documented.</p> <p>The July MAR documented the above order. On 7/3/24, 7/5/24, 7/6/24, 7/7/24, 7/15/24, 7/16/24, 7/17/24, 7/18/24, 7/19/24 and 7/21/24, there were blanks where the weight was to be documented. On 7/13/24, an X was documented.</p> <p>The comprehensive care plan dated, 5/29/24, documented in part, Focus: I have a potential nutritional problem r/t (related to) obesity, therapeutic diet, diuretic therapy, dx (diagnosis) of acute kidney injury, dialysis, HTN (high blood pressure), muscle wasting, BPH (benign prostatic hypertrophy), kidney cancer & ectomy (acquired absence of kidney), anemia, old MI (myocardial infarction), CHF (congestive heart failure) and T2DM (type two diabetes mellitus). The Interventions documented in part, Obtain weights at ordered intervals.</p> <p>An interview was conducted with LPN (licensed practical nurse) #4, the unit manager, on 7/24/24 at 1:25 p. m. When asked where the physician ordered daily weights were documented, LPN #4 stated it should be on the MAR or TAR (treatment administration record). What does a blank on the MAR indicate, LPN #4 stated that it wasn't done. Why would a nurse document a 22 on the MAR, LPN #4 stated that the weights should have been done. What does NA mean, LPN #4 stated, not applicable. Why would it say an X, LPN #4 stated, it means not done.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations, and ASM #5, the clinical nurse consultant, were made aware of the above concern on 7/24/24 at 4:00 p.m.</p> <p>(continued on next page)</p>

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>No further information was provided prior to exit.</p> <p>31753</p> <p>2. For Resident #479 (R479), the facility staff failed to provide physician ordered treatments for the resident's surgical wounds on multiple dates in February 2024.</p> <p>A review of R479's clinical record revealed the resident was admitted to the facility with a left hip (thigh) surgical wound, a left foot surgical wound, and a right foot surgical wound. Further review of R479's clinical record revealed the following physician's orders:</p> <p>1/30/24-LEFT THIGH DONOR SITE: clean with wound cleanser, apply rylon, conformant, abd (abdominal) pads with medipore tape-change every other day. This order was discontinued on 2/8/24.</p> <p>2/8/24-LEFT THIGH DONOR SITE: clean with wound cleanser, [apply] mepilex ag (dressing), and kerlix every day shift.</p> <p>1/30/24-BILATERAL LOWER EXTREMITY: cleanse with wound cleaner, [apply] conformant, exsalt, kerlix and ace wrap every day shift. This order was discontinued on 2/8/24.</p> <p>2/8/24-BILATERAL FEET AND ANKLES (GRAFT SITES): clean with ns (normal saline), apply mepilex ag and kerlix daily every day shift.</p> <p>R479's February 2024 TAR (treatment administration record) documented the same physician's orders. Further review of R479's February TAR failed to reveal treatment for the left thigh donor site was completed on 2/1/24, 2/3/24, 2/9/24, and 2/14/24, failed to reveal treatment was completed for the bilateral lower extremity on 2/1/24, and 2/3/24, and failed to reveal treatment was completed for the bilateral feet and ankle graft sites on 2/9/24, and 2/14/24 (as evidenced by blank spaces on the TAR). Nurses' notes also failed to reveal documentation that the treatments were completed on those dates.</p> <p>On 7/24/24 at 12:38 p.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated nurses evidence that treatments such as wound care have been done by signing the treatments off on the TAR.</p> <p>On 7/24/24 at 4:15 p.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern. The facility policy titled, Wound Treatment documented, 14. Apply treatment as ordered.</p> <p>No further information was presented prior to exit.</p>

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42106</p> <p>Based on observation, staff interview, clinical record review, and facility document review, it was determined the facility staff failed to provide care and services for a catheter for three of 56 residents in the survey sample, Residents #129, #429 and #479.</p> <p>The findings include:</p> <p>1. For Resident #129 (R129), the facility staff failed to maintain the urinary catheter (1) drainage bag in a sanitary manner.</p> <p>Resident #129's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 7/4/2024 the resident scored eight out of 15 on the BIMS (brief interview for mental status) assessment, indicating the resident was moderately impaired for making daily decisions. Section H documented R129 having an indwelling urinary catheter.</p> <p>On 7/22/24 at 1:47 p.m. an observation was made of R129 lying in bed in their room. A urinary catheter collection bag was observed attached to the bed frame on the left side of R129's bed. The bottom of the bag was observed to be touching the floor surface.</p> <p>Additional observations of R129's catheter bag touching the floor surface were made on 7/22/24 at 2:57 p.m. and 7/23/24 at 9:27 a.m.</p> <p>The comprehensive care plan for Resident #129 documented in part, I have an indwelling urinary catheter r/t (related to) Obstructive Uropathy (2). Date Initiated: 04/24/2023.</p> <p>The physician orders for R129 documented in part, 5/14/2024 Urinary Catheter: Maintain #16/10 foley catheter to straight drain, dx (diagnosis) of obstructive uropathy, document urinary output qs (every shift) every shift.</p> <p>On 7/24/24 at 11:00 a.m., an interview was conducted with CNA (certified nursing assistant) #4. CNA #4 stated that catheter bags were placed on the side of the bed and kept lower than the waist so that the urine could stream into the bag and not back-flow. CNA #4 stated that the catheter bag should not be touching the floor to keep it clean and they kept the bed at a level to keep the bag off of the floor.</p> <p>On 7/24/24 at 11:12 a.m., an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated that the catheter bag had to be kept in a position lower than the bladder to drain the urine and was placed on the side of the bed where it did not touch the floor. LPN #5 stated that the catheter bag could not touch the ground because it would pick up germs. LPN #5 observed R129's catheter bag touching the floor in the room and stated that it should not be on the floor.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to Lippincott Manual of Nursing Practice, Eighth Edition 2006, chapter 21, Renal and Urinary Disorders, page 757, Maintaining a Closed Urinary Drainage System: Many UTI's (urinary tract infections) are due to extrinsically acquired organisms transmitted by cross-contamination. 2. c. Keep the drainage bag off the floor to prevent bacterial contamination.</p> <p>On 7/24/24 at approximately 4:30 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations and ASM #5, the regional nurse consultant were made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p> <p>(1) urinary catheter</p> <p>A urinary catheter (brand name Foley) is a tube placed in the body to drain and collect urine from the bladder. This information is taken from the website https://medlineplus.gov/ency/article/003981.htm.</p> <p>(2) obstructive uropathy</p> <p>Obstructive uropathy is a condition in which the flow of urine is blocked. This causes the urine to back up and injure one or both kidneys. This information was obtained from the website: https://medlineplus.gov/ency/article/000507.htm</p> <p>42183</p> <p>2. The facility staff failed to implement the comprehensive care plan for a urinary catheter for Resident #429.</p> <p>Resident #4295 was admitted to the facility on [DATE] with diagnosis that included but were not limited to respiratory failure, trach and non-traumatic intracerebral hemorrhage.</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 2/20/24, coded the resident as scoring a 12 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as being dependent for bathing/transfer/dressing/toileting and eating.</p> <p>A review of the comprehensive care plan dated 5/6/18 revealed, FOCUS: Resident has an indwelling urinary catheter obstructive uropathy. INTERVENTIONS: Monitor/record/report as needed signs/symptoms UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency and foul-smelling urine.</p> <p>A review of the physician orders dated 2/8/24 revealed, Urinary Catheter Care: Clean area around catheter with soap and water every shift. Urinary Catheter: Maintain #16/10 foley catheter to straight drain, diagnosis of neurogenic bladder, document urinary output every shift.</p> <p>(continued on next page)</p>

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the February 2024 TAR (treatment administration record) revealed missing documentation for Urinary Catheter: Maintain #16/10 foley catheter to straight drain, diagnosis of neurogenic bladder, document urinary output every shift: on day shift 2/24 and 2/25, night shift 2/11 and 2/29.</p> <p>A review of the March 2024 TAR revealed missing documentation for Urinary Catheter: Maintain #16/10 foley catheter to straight drain, diagnosis of neurogenic bladder, document urinary output every shift: on day shift- 3/1, 3/2m 3/4m 3.8 and night shift March 4th and 3/10.</p> <p>An interview with LPN (licensed practical nurse) #2 was conducted on 7/24/24 at 11:15 AM. When asked where evidence of catheter care would be documented, LPN #2 stated on the TAR. When asked if there was no evidence, was the care provided, LPN #2 stated, no, it was not.</p> <p>On 7/25/24 at 12:05 PM, ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing, ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the above concerns.</p> <p>No further information was provided prior to exit.</p> <p>31753</p> <p>3. For Resident #479 (R479), the facility staff failed to provide physician ordered urinary catheter care on multiple dates in February 2024.</p> <p>A review of R479's clinical record revealed a physician's order dated 1/26/24 for urinary catheter care: clean the area around the catheter with soap and water every shift.</p> <p>R479's February 2024 TAR (treatment administration record) documented the same physician's order. Further review of R479's February TAR failed to reveal urinary catheter care was provided during the day shift on 2/1/24, during the day shift on 2/9/24, and during the day shift on 2/14/24 (as evidenced by blank spaces on the TAR). Nurses' notes also failed to reveal documentation that the treatments were completed on those dates.</p> <p>On 7/24/24 at 12:38 p.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated nurses evidence that treatments such as urinary catheter care have been done by signing the treatments off on the TAR.</p> <p>On 7/24/24 at 4:15 p.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>31753</p> <p>Based on staff interview, facility document review, and clinical record review, the facility staff failed to provide colostomy care and services for one of 56 residents in the survey sample, Resident #479.</p> <p>The findings include:</p> <p>For Resident #479 (R479), the facility staff failed to provide physician ordered colostomy care on multiple dates in February 2024.</p> <p>A review of R479's clinical record revealed the following physician's orders:</p> <p>1/26/24-Empty colostomy bag as needed and every shift.</p> <p>1/26/24-Remove colostomy appliance/bag, provide skin care and reapply colostomy appliance/bag as needed and one time a day every three days.</p> <p>R479's February 2024 TAR (treatment administration record) documented the same physician's orders. Further review of R479's February TAR failed to reveal the resident's colostomy bag was emptied during the day shift on 2/1/24 and during the day shift on 2/9/24 (as evidenced by blank spaces on the TAR). The TAR also failed to reveal R479's colostomy appliance/bag was removed, skin care was provided, and the appliance/bag was reapplied from 2/12/24 until 2/17/24 (six days). Nurses' notes also failed to reveal documentation that the treatments were completed on those dates.</p> <p>On 7/24/24 at 12:38 p.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated nurses evidence that treatments such as colostomy care have been done by signing the treatments off on the TAR.</p> <p>On 7/24/24 at 4:15 p.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern. The facility policy titled, Colostomy/Ileostomy Care documented instructions for how to provide care and documented, 19. Document the procedure in resident's documentation form.</p> <p>No further information was presented prior to exit.</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183</p> <p>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 3 of 56 residents, Resident #128, #165 and #84.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The facility staff failed to provide respiratory therapy per physician orders for Resident #128. <p>Resident #128 was admitted to the facility on [DATE] with diagnosis that included but were not limited to DM (diabetes mellitus), acute/chronic respiratory failure, trach, ESRD (end stage renal disease) and hemodialysis.</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 6/6/24, 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 mobility/transfers/dressing/toileting/bathing and set-up for eating.</p> <p>A review of the comprehensive care plan dated 5/31/24 revealed, FOCUS: Resident has hemodialysis related to ESRD, has right chest permcath. INTERVENTIONS: Resident receives dialysis on Monday, Wednesday and Fridays.</p> <p>A review of the physician orders dated 6/1/24 revealed, Ventilator Settings: Mode: A/C/PC Respiratory Rate: 18 Pressure Control: 22 FiO2: .21 Peep: +5 Pressure Support: +5 Titrate Oxygen to maintain O2 Saturation greater than or equal to 93% at bedtime. change Disposable Inner Cannula BID Inner Cannula Type: Shiley Inner Cannula Size:6 as needed AND every day and night shift. Trach Care every 6hrs, and as needed. as needed AND every 6 hours.</p> <p>A review of the June RAR (respiratory administration record) revealed no evidence of documentation for: Ventilator settings on night shift 6/3, 6/4, 6/8 and 6/9; Changing disposable inner cannula on 6/8 and trach care on day shift: 6/3, 6/4, 6/8; evening shift 6/3, 6/5, 6/7, 6/8, 6/9 and 6/11; night shift: 6/3 and 6/4.</p> <p>An interview was conducted on 7/23/24 at 11:00 AM with OSM (other staff member) #4, the director of respiratory services. When asked where respiratory care is documented, OSM #4 stated, it is documented on the RAR. When asked if there is no evidence of care being documented, was the care provided, OSM #4 stated, no, there was not evidence of it being provided.</p> <p>On 7/25/24 at 12:05 PM, ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing, ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the above concerns.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's Trach Care policy revealed, Tracheostomy care is performed by the qualified nurse or respiratory therapist every shift and as needed. Remove inner cannula, discard and insert a new one during trach care.</p> <p>No further information was provided prior to exit.</p> <p>27660</p> <p>2. For Resident #165, the facility staff failed to evidence the administration of respiratory services for a resident with a tracheostomy and being on a ventilator.</p> <p>The physician orders dated, 7/1/24, documented, Change nebulizer tubing and delivery device weekly on [Monday]. Change as needed for spoiling and damage. Every day shift every Mon (Monday) *Please date tubing. * The Respiratory Administration Record (RAR) for July 2024, documented the above order. A 5 was documented on 7/8/24. A 5 indicated, Hold.</p> <p>The physician order dated, 6/15/24, documented, Change trach (tracheostomy) ties every Monday and Thursday or when visibly soiled, every day shift Mon (Monday), Thur (Thursday).</p> <p>The RAR for July 2024 documented the above order. A 5 was documented on 7/8/24.</p> <p>The physician order dated, 6/15/24, documented, Change Disposable Inner Cannula once each shift. Inner Cannula Type 8IC85. Inner Cannula Size: 8. every day and night shift.</p> <p>The RAR for July 2024 documented the above order. A 5 was documented on 7/8/24. A blank was on the day shift for 7/3/24.</p> <p>The physician order dated, 6/11/24, documented, Trach Care every 6 hours each shift, every 6 hours.</p> <p>The RAR for July 2024 documented the above order. There were blanks on the RAR on 7/3/24 and 7/11/24 at 12:00 p.m., and 7/9/24, 7/18/24 and 7/21/24 at 6:00 a.m.</p> <p>The physician order dated, 7/2/24, documented, Ventilator Settings: Mode: PC/AC. Respiratory Rate: 15. Tidal Volume: NA (not applicable). Pressure Control: +24. FiO2: 50%. Peep: +8. Titrate Oxygen to maintain O2 (oxygen) saturation greater than or equal to 93%, every 4 hours.</p> <p>The RAR for July 2024 documented the above order. There were blank on the RAR for 7/3/24 at 8:00 a.m. and 12:00 p.m. and on 7/9/24 at 4:00 a.m.</p> <p>The comprehensive care plan dated, 6/11/24, documented in part, Focus: I have altered respiratory status r/t (related to) Dependence on Supplemental Oxygen, Hypoxia, Respiratory Failure, pulmonary edema, Shortness of breath when lying flat. The Interventions documented in part, Administer respiratory treatments and inhalants as ordered. Monitor effectiveness.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with OSM (other staff member) #16, the respiratory therapist, on 7/25/24 at 9:00 a.m. When asked where the respiratory therapist evidence the care they have provided, OSM #16 stated it's on the Respiratory Administration Record. If it is not documented there, the evidence is not met. When asked why a therapist would document a 5, OSM #16 stated she didn't know why there would be a '5' to hold trach care or the changing of the trach ties. She stated if there is no documentation for respiratory care, then it was not done.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations, and ASM #5, the regional nurse consultant, were made aware of the above findings on 7/25/24 at 12:00 p.m.</p> <p>No further information was provided prior to exit.</p> <p>3. For Resident #84, the facility staff failed to evidence the administration of respiratory services for a resident with a tracheostomy.</p> <p>The February 2024 RAR documented, Trach care every shift, and as needed. Every shift. On 2/12/24, there was a blank for the day shift.</p> <p>The February 2024 RAR documented, Verify Ambu bag and back-up trach present at bedside Q (every) shift. On 2/12/24, there was a blank for the day shift.</p> <p>The April 2024 RAR documented, Oral Care every shift and as needed two times a day. On 4/27/24 and 4/29/24, there was a blank for the 11:00 a.m. block. On 4/26/24 through 4/29/24, there was a blank for the 6:00 p.m. time.</p> <p>The April 2024 RAR documented, Trach Present: Make: Shiley, Model: flex, Size: #6, Type: Uncuffed. two times a day. There were blanks for the 10:00 a.m. time on 4/1/24, 4/5/24, 4/6/24, 4/7/24, 4/8/24, 4/25/24, and 4/29/24. There were blanks for the 6:00 p.m. time on 4/1/24, 4/3/24, 4/5/24, 4/6/24, 4/7/24, 4/8/24, 4/9/24, 4/11/24, 4/12/24, 4/13/24, 4/14/24, 4/20/24, 4/21/24, 4/22/24, 4/23/24, 4/26/24, 4/27/24, 4/28/24 and 4/29/24.</p> <p>The April 2024 RAR documented, Humidified Air via Trach Collar with Oxygen at 2 liters per minute bleed in every shift. There were blanks on the RAR for the day and evening shift on 4/1/24, 4/5/24, 4/6/24, 4/7/24, and 4/8/24. There were blanks for the evening and night shift on 4/1/24, 4/6/24, 4/8/24, 4/12/24, 4/14/24 and 4/17/24.</p> <p>The May 2024 RAR documented, Change Disposable Inner Cannular once daily on Day Shift. Inner Cannula Type: Shiley, Inner Cannula Size: 6, every day shift. On 5/10/24 and 5/14/24, there were blanks for the day shift.</p> <p>The May 2024 RAR documented, Oral Care every shift and as needed, two times a day. On 5/4/24, 5/5/24, 5/6/24, 5/9/24, 5/10/24, 5/14/24, 5/27/24, and 5/30/24, there were blanks for the 11:00 a.m. time scheduled. For the 6:00 p.m. time, there were blanks on 5/1/24, 5/3/24, 5/6/24, 5/7/24, 5/8/24, 5/11/24, 5/12/24, 5/13/24, and 5/27/24.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The May 2024 RAR documented, Speaking Valve trials as tolerated every day and evening shift. Remove speaking valve if resident is sleeping, copious or thick secretions are pr, sent, breathing becomes difficult, and for all medicated aerosol treatments. It was scheduled for day and evening shift. On 5/27/24 and 5/30/24 for day shift, there were blanks. On 5/23/24, 5/27/24 and 5/29/24, there were blanks on the evening shift.</p> <p>The May 2024 RAR documented, Trach Present: Make: Shiley, Model: flex, Size #6, Type: Uncuffed, two times a day. This was scheduled for 10:00 a.m. and 6:00 p.m. There were blanks for 10:00 a.m. on 5/6/24, 5/9/24, 5/10/24, 5/14/24, 5/27/24 and 5/30/24. There were blanks for 6:00 p.m. on 5/1/24, 5/3/24, 5/6/24, 5/7/24, 5/8/24, 5/11/24, 5/12/24, 5/13/24, and 5/27/24.</p> <p>The May 2024 RAR documented, Humidified Air via Trach Collar with Oxygen at 10 liters per minute bleed in, every shift. It was scheduled for days, evenings and night shifts. There were blanks on 5/27/24 for days and evening shifts.</p> <p>The May 2024 RAR documented, Verify ambu bag and back-up Trach present at bedside Q (every) shift. It was scheduled for days, evening and night shifts. There were blanks for the night shift on 5/11/24 and 5/12/24. There were blanks for day shift on 5/14/24 and 5/27/24.</p> <p>The June 2024 RAR documented, Change Disposable Inner Cannula once daily on day shift. On 6/1/24, 6/19/24 and 6/30/24, a 5 was documented indicating Hold.</p> <p>The June 2024 RAR documented, Humidified [NAME] via Trach Collar with Oxygen at 10 liters per minute bleed in, every shift. It was scheduled for day, evening, and night shifts. On 6/3/24, there was a blank for the evening and night shift.</p> <p>The June 2024 RAR documented, Oral Care every shift and as needed. It was scheduled for day, evening and night shifts. On 6/20/24, nothing was documented for the entire day.</p> <p>The June 2024 RAR documented, Verify Ambu Bag and back-up Trach present at bedside Q shift. This was scheduled for the day, evening, and night shifts. On 6/1/24, the evening and night shift was blank.</p> <p>The June 2024 RAR documented, Trach Care every 6 hours and as needed, every 6 hours. This was scheduled for 12:00 a.m., 6:00 a.m. 12:00 p.m. and 6:00 p.m. There were blanks for 12:00 a.m. on 6/4/24. There were blanks for 6:00 a.m. on 6/4/24, and 6/7/24. There were blanks for 6:00 p.m. on 6/5/24 and 6/11/24.</p> <p>The July 2024 RAR documented, Change Trach ties on Monday and Thursday and as needed when soiled. It was scheduled for day shift. On 7/6/24, a 5 was documented, indicating Hold.</p> <p>The July 2024 RAR documented, Change Disposable Inner Cannula BID (twice a day). It was scheduled for 9:00 a.m. and 9:00 p.m. There was a blank for both times on 6/20/24.</p> <p>The July 2024 RAR documented, Oral care every shift and as needed two times a day. It was scheduled for 11:00 a.m. and 6:00 p.m. On 7/3/24 at 11:00 a.m. there was nothing documented.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The July 2024 RAR documented, Trach Care every 6 hours and as needed, every 6 hours. This was scheduled for 12:00 a.m., 6:00 a.m. 12:00 p.m. and 6:00 p.m. There was nothing documented for 6:00 a.m. on 7/6/24, 7/18/24 and 7/21/24. There was nothing documented for 12:00 p.m. on 7/3/24 and 7/11/24.</p> <p>The comprehensive care plan dated, 1/24/24, documented in part, Focus: I have a tracheostomy r/t respiratory failure, sob (shortness of breath) when lying flat at times. The Interventions documented in part, Respiratory therapy as ordered.</p> <p>An interview was conducted with OSM #16, the respiratory therapist, on 7/25/24 at 9:00 a.m. When asked where the respiratory therapist evidence the care they have provided, OSM #16 stated it's on the Respiratory Administration Record. If it is not documented there, the evidence is not met. When asked why a therapist would document a 5, OSM #16 stated she didn't know why there would be a '5' to hold trach care or the changing of the trach ties. She stated if there is no documentation for respiratory care, then it was not done.</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations, and ASM #5, the regional nurse consultant, were made aware of the above findings on 7/25/24 at 12:00 p.m.</p> <p>No further information was provided prior to exit.</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183</p> <p>Based on resident and staff interview, resident interview, clinical record review and facility document review, it was determined the facility staff failed to provide dialysis care and services for two of 56 residents in the survey sample, Resident #46 and #128.</p> <p>The findings include:</p> <p>1. Resident #46 was admitted to the facility on [DATE] with diagnosis that included but were not limited to ESRD (end stage renal disease), hemodialysis, Rheumatoid arthritis and COPD.</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 5-day change assessment, with an ARD (assessment reference date) of 7/6/24, 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 mobility/transfers/dressing/toileting/bathing and set up for eating.</p> <p>A review of the comprehensive care plan dated 7/3/24 revealed, FOCUS: Resident has hemodialysis related to renal failure. Has left arm fistula and Perma Cath to right side. INTERVENTIONS: Resident receives dialysis on Monday, Wednesday and Fridays. Check and change dressing on access as ordered and per policy. Monitor dialysis access site for signs and symptoms of infection. Report abnormal findings to physician or designee.</p> <p>A review of the physician orders dated 7/2/24 revealed, Dialysis: Check Peripheral Access, AV Fistula left arm for bleeding, drainage, signs of infection, and the presence of bruit and thrill. Document abnormal findings in the nurses notes and report to physician every shift.</p> <p>A review of the July 2024 TAR (treatment administration record) revealed no documentation of Check Peripheral Access, AV Fistula left arm for bleeding, drainage, signs of infection, and the presence of bruit and thrill. Document abnormal findings in the nurses notes and report to physician every shift on day shift 7/4 and evening shift 7/10.</p> <p>A review of the dialysis communication sheets for Resident #46 revealed no evidence of communication sheets for 7/3 and 7/10.</p> <p>An interview with RN (registered nurse) #1 was conducted on 7/23/24 at 10:45 AM. When asked the care for a dialysis resident, RN #1 stated, we obtain orders, assess and monitor for signs of bleeding, if they have a fistula-monitor for bruit and thrill. We also send communication sheets to dialysis each appointment with vital signs/labs/medications and any pertinent changes. When asked where this was documented, RN #1 stated, in the TAR.</p> <p>On 7/25/24 at 12:05 PM, ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing, ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the above concerns.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's ESRD, Care of the Resident with policy reveals, Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. The type of assessment data that is to be gathered about the resident's condition on a daily or per shift basis. How information will be exchanged between the facilities.</p> <p>No further information was provided prior to exit.</p> <p>2. Resident #128 was admitted to the facility on [DATE] with diagnosis that included but were not limited to DM (diabetes mellitus), acute/chronic respiratory failure, trach, ESRD (end stage renal disease) and hemodialysis.</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 6/6/24, 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 mobility/transfers/dressing/toileting/bathing and set-up for eating.</p> <p>A review of the comprehensive care plan dated 5/31/24 revealed, FOCUS: Resident has hemodialysis related to ESRD, has right chest permcath. INTERVENTIONS: Resident receives dialysis on Monday, Wednesday and Fridays.</p> <p>A review of the physician orders dated 6/2/24 revealed, Dialysis: Emergency Care of Dialysis Site, Apply Pressure if bleeding, Notify Physician as needed for bleeding.</p> <p>A review of the June 2024 TAR revealed no documentation of bleeding checks on 6/4 evening shift and 6/7-day shift.</p> <p>A review of the dialysis communication sheets for Resident #128 revealed no evidence of communication sheets for 7/3 and 7/5.</p> <p>An interview with RN (registered nurse) #1 was conducted on 7/23/24 at 10:45 AM. When asked the care for a dialysis resident, RN #1 stated, we obtain orders, assess and monitor for signs of bleeding, if they have a fistula-monitor for bruit and thrill. We also send communication sheets to dialysis each appointment with vital signs/labs/medications and any pertinent changes. When asked where this was documented, RN #1 stated, in the TAR.</p> <p>On 7/25/24 at 12:05 PM, ASM (administrative staff member) #1, the administrator, ASM #2, director of nursing, ASM #3, the regional director of operations and ASM #4, the regional nurse consultant was made aware of the above concerns.</p> <p>No further information was provided prior to exit.</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>31753</p> <p>Based on observation, staff interview, and facility document review, the facility staff failed to store medications in a locked compartment for one of seven medications carts, a cart on the Tuckahoe unit.</p> <p>The findings include:</p> <p>For one medication cart on the Tuckahoe unit, LPN (licensed practical nurse) #1 failed to lock the cart while she was in a resident room and in a medication room.</p> <p>On 7/23/24 at 8:17 a.m., LPN #1 left the medication cart in the hall unlocked while obtaining a resident's blood pressure in a resident room. The medication cart was not in LPN #1's line of sight. On 7/23/24 at 8:34 a.m., LPN #1 left the medication cart unlocked while she exited the hall and went into a medication room. The medication cart was not in LPN #1's line of sight. On 7/23/24 at 8:40 a.m., LPN #1 left the medication cart unlocked while administering medications to a resident in a resident room. The medication cart was not in LPN #1's line of sight.</p> <p>On 7/24/24 at 12:38 p.m., an interview was conducted with LPN #2. LPN #2 stated nurses should lock their medication cart when they leave the cart so no one can access the cart and take medications.</p> <p>On 7/24/24 at 4:15 p.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, Administering Medications documented, 19. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse of aide.</p> <p>No further information was presented prior to exit.</p>

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42106</p> <p>Based on observations, staff interview, and facility document review, it was determined that the facility staff failed to maintain food preparation utensils in good repair and/or in a sanitary manner in one of one kitchen in the facility.</p> <p>The findings include:</p> <p>On 7/22/24 at 11:27 a.m., an observation was conducted of the kitchen in the facility with OSM (other staff member) #12, dietary manager. Observation of the kitchen revealed a metal shelving unit with a basin of serving utensil and food preparation utensils. OSM #12 stated that the utensils on the shelving unit were all cleaned and available for use. Further observation revealed a metal serving spoon with visible debris inside the spoon area, a metal slotted spoon with visible debris inside the spoon area, an ice cream scoop with visible debris inside the scoop, a plastic spatula with approximately one-quarter of the end of the plastic tip broken off and a brush which was yellow with charred blacked ends and oily. The bristles of the brush were observed to be stiffened and immobile. OSM #12 stated that the utensils should be clean with no visible debris inside of them and proceeded to place them in the sink to be washed. OSM #12 stated that the brush was old and should not be used anymore and proceeded to throw it in the trash and stated that the spatula was damaged and it needed to be discarded also. OSM #12 stated that the items on the shelving unit should be clean, dried and ready for use.</p> <p>The facility policy Sanitation dated November 2022, documented in part, . All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners are kept in good repair .</p> <p>On 7/24/24 at approximately 4:30 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations and ASM #5, the regional nurse consultant were made aware of the above concern.</p> <p>No further information was provided prior to exit.</p>

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27660</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to maintain a complete and accurate clinical record for three of 56 residents in the survey sample, Residents #229, #95 and #92.</p> <p>The findings include:</p> <p>1. For Resident #229, the facility continued to document changing of a urinary drainage bag on shower days when the Foley catheter was discontinued on 7/1/24.</p> <p>The nurse's note dated, 7/1/24 at 2:40 p.m., documented in part, Resident was out of facility for Urologist appointment and report Foley was taken out and voiding trial was completed at Urologist office per paperwork.</p> <p>The July 2024 TAR (treatment administration record) documented, Change urinary drainage bag every week on shower day Monday, one time a day every Mon (Monday) for cleanliness infection control. The treatment was documented as having been completed on 7/8/24, 7/15/24 and 7/22/24.</p> <p>An interview was conducted with LPN (licensed practical nurse) #4, the unit manager, on 7/24/24 at 1:25 p. m. When asked if R229 had a foley catheter, LPN #4 stated, not now. The above TAR was reviewed with LPN #4. When asked if the documentation is correct, LPN #4 stated, it was definitely not correct.</p> <p>The facility policy, Charting and Documentation documented in part, Documentation in a medical record will be objective (not opinionated or speculative), complete and accurate.</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations, and ASM #5, the regional nurse consultant, were made aware of the above concerns on 7/24/24 at 4:00 p.m.</p> <p>No further information was provided prior to exit.</p> <p>42106</p> <p>2. For Resident #95 (R95), the facility staff failed to maintain an accurate medical record documenting advanced directives.</p> <p>The physician orders for R95 documented in part, Full Code. Order Date: 04/23/2024.</p> <p>R95's clinical record revealed scanned documents including an Advance Medical Directive signed 6/10/21 with an upload date of 4/24/2024.</p> <p>A social services assessment dated [DATE] for R95 documented in part, .Resident has No Advanced Directives .Do Not Resuscitate (DNR). Advanced Directives have been reviewed: Yes .</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The IDT (interdisciplinary care plan meeting review) for R95 dated 5/9/24 documented in part, .Advance Directives were reviewed and updated according to the residents and or families/caregiver's request or wishes .</p> <p>The comprehensive care plan for R95 documented in part, I do not have an advanced care directive related to: I do not want to create an advance directive. Date Initiated: 05/09/2024.</p> <p>On 7/24/24 at 2:44 p.m., an interview was conducted with OSM (other staff member) #13, the director of social services. OSM #13 stated that advanced directives were reviewed on admission during the 48 hour care plan meeting with the resident and/or the family. She stated that if the resident had an advanced directive they requested the resident or family get them a copy of it to place in the medical record and they also discussed the code status during the meeting to determine whether the resident wished to be a DNR or full code. She stated that this information was placed in the medical record and they communicated the information to the nursing staff. OSM #13 stated that they would reviewed R95's social services assessment dated [DATE] and the documentation in the record and follow up.</p> <p>On 7/24/24 at 3:48 p.m., an interview was conducted with OSM #14, social services associate. OSM #14 stated that they normally had the advanced directive and DNR document in hand when they documented the status on the social services assessment and was not sure why it said that R95 was a DNR and did not have an advanced directive. OSM #14 stated that they may have clicked the wrong box and that the medical record was not accurate with that information.</p> <p>On 7/24/24 at approximately 4:30 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations and ASM #5, the regional nurse consultant were made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>3. For Resident #92 (R92), the facility staff failed to maintain a complete and accurate medical record that documented ongoing efforts to arrange dental services.</p> <p>The progress notes for R92 documented in part,</p> <p>- 6/11/2024 14:53 (2:53 p.m.) Nurse Practitioner Note. Note Text: Toothache LLQ (left lower quadrant). Has crown on tooth that hurts. Sensitive to sensation, hot and cold .Patient needs to be evaluated by dentist for possible Root Canal therapy or extraction. Will order Percocet for pain for now until patient can be evaluated by dentist .</p> <p>- 6/17/2024 15:39 (3:39 p.m.) Nurse Practitioner Note. Note Text: Still having Toothache LLQ. Has crown on tooth that hurts. Sensitive to sensation, hot and cold .Patient needs to be evaluated by dentist for possible Root Canal therapy or extraction. Continue Percocet for pain for now until patient can be evaluated by dentist .</p> <p>The physician orders for R92 documented in part, Monitor for any difficulty eating due to broke tooth every shift. Order Date: 02/26/2024.</p> <p>The comprehensive care plan for R92 documented in part, I have oral/dental health problems r/t (related to) Broken natural teeth. Date Initiated: 03/01/2024.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The clinical record for R92 failed to evidence facility efforts to arrange the dental consult for the toothache.</p> <p>On 7/24/24 at 11:12 a.m., an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 stated that they had a dentist who came to the facility to clean the residents teeth. LPN #5 stated that when the physician or nurse practitioner ordered a dental consult they set up the appointment and notified the resident and family of the date and time. LPN #5 stated that they documented the appointment information in the medical record to have a record of the appointment date, time and where they were going.</p> <p>On 7/24/24 at approximately 9:00 a.m., a request was made to ASM (administrative staff member) #1, the administrator, for evidence of the dental consult requested by the nurse practitioner on 6/11/2024.</p> <p>On 7/24/24 at 3:38 p.m., ASM #1 provided a hand written order form titled Attending Physician Request for Services/Consultation for R92 dated 6/18/24 which documented a physician request for a dental consult due to poor oral hygiene and mouth pain. ASM #1 also provided a list of residents scheduled for the visiting facility dentist upcoming 8/6/24 appointment date with R92 on the list. This information was not documented in R92's clinical record.</p> <p>On 7/24/24 at 4:07 p.m., ASM #2, the director of nursing stated that R92's family had refused to allow the resident to be sent out to a dentist for the evaluation and had only agreed to let the visiting facility dentist examine R92. At this time, ASM #2 was asked to provide documentation to support this information.</p> <p>On 7/25/24 at approximately 8:30 a.m., ASM #2 provided a hand written Resident Risk List which documented in part, 6-18-24 [Name of R92] RP (responsible party) refused for resident to go out to dental appointment. The note was initialed by RN (registered nurse) #2.</p> <p>On 7/25/24 at 9:38 a.m., an interview was conducted with RN #2, unit manager. She stated that the Resident Risk List was a working sheet that she used to keep up with what she needed to follow up on. RN #2 stated that R92 had complained of dental pain and she had called R92's family about an outside dental consult on 6/18/24 but they had refused for the resident to go out of the facility. She stated that they did not give a reason why they refused. She stated that the family had agreed to allow the visiting facility dentist to examine R92 but they were not sure what services they provided. She stated that she was not aware that R92 was listed as their own responsible party and they always called the family because R92 was not able to make any decisions on their own. She stated that she had not documented the families refusal of the outside consult or the physician notification in the medical record because she was still working on getting the resident seen in the facility.</p> <p>The facility policy Charting and Documentation dated July 2017 documented in part, .The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care .</p> <p>On 7/25/24 at approximately 12:08 p.m., ASM #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations and ASM #5, the regional nurse consultant were made aware of the above concern.</p> <p>(continued on next page)</p>		

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>No further information was provided prior to exit.</p>

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 07/25/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>27660</p> <p>Based on observation, staff interview, and facility document review, it was determined the facility staff failed to maintain a heating/air conditioning unit in a resident room in a safe condition, Resident #4.</p> <p>The findings include:</p> <p>For Resident #4(R4), the facility staff failed to maintain a heating/air conditioning unit in a safe manner.</p> <p>Observation was made of R4's room on 7/22/24 at 1:12 p.m. The heating/air conditioning unit was observed. The grill on the upper surface of the unit had one missing slat, leaving a space of approximately two inches open. There were four other slats that were broken but still attached. There were sharp edges where the slats were missing and where they were broken.</p> <p>Observation was made of R4's room with OSM (other staff member) #2, the director of maintenance, on 7/23/24 at 2:43 p.m. The above findings were found again. When asked if the unit was a safety hazard, OSM #2 stated, yes, that needs to be replaced.</p> <p>The facility policy, Maintenance Services documented in part, Maintenance service shall be provided to all areas of the building, grounds, and equipment. 1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. 2. Functions of the maintenance personnel include but are not limited to: a. maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. b. maintaining the building in good repair and free from hazards .d. maintaining the heat/cooling system, plumbing fixtures, wiring, etc., in good working order.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the regional director of operations, and ASM #5, the regional nurse consultant, were made aware of the above concern on 7/24/24 at approximately 4:00 p.m.</p> <p>No further information was provided prior to exit.</p>		