STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosedale Health & Rehabilitation	1719 Bellevue Avenue Richmond, VA 23227

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff/resident interviews, facility document review and clinical record review, it was determined the facility staff failed to implement the care plan for three of 5 residents in the survey sample, R1, R2 and R3. The findings include: 1. The facility staff failed to implement the comprehensive care plan for incontinence care for R1. R1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to ESRD (end stage renal disease), HIV (human immunodeficiency virus) cancer and malnutrition. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 2/11/25, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring maximal assistance for mobility/transfers/bathing/dressing; dependent for toileting and supervision for eating. A review of the comprehensive care plan dated 12/9/24 revealed, FOCUS: CONTINENCE: due to generalized weakness, due to severe cognitive impairment, due to severe physical impairment. INTERVENTIONS: Provide substantial/maximal assistance with toileting. Provide toileting hygiene as needed for incontinent episodes. Check and change briefs frequently as needed. A review of the ADL (activities of daily living) record revealed missing documentation for 'bowel and bladder elimination' on the following dates and shifts: December 2024-night shift: 12/1 and 12/29: January 2025-day shift: 1/5, 1/6, 1/7, and 1/8, evening shift: 1/1, 1/8 and 1/9; February 2025-day shift 2/16, evening shift-2/2, 2/16 and night shift 2/1. An interview was conducted on 3/11/25 at 1:55 PM with LPN (licensed practical nurse) #1. When asked the purpose of the care plan, LPN #1 stated, so the resident and the family can talk about needs and anything that the resident needs addressed. When asked if the interventions listed on the care plan are not evidenced, was the care plan implemented, LPN #1 stated, no. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. Building B. Wing	03/11/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0656

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

On 3/11/25 at 3:35 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of clinical ops was made aware of the concerns.

No further information was provided prior to exit.

2. The facility staff failed to implement the comprehensive care plan for incontinence care for R2.

R2 was admitted to the facility on [DATE] with diagnosis that included but were not limited to colitis, DM (diabetes mellitus), hemiplegia and hemiparesis.

The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 2/7/25, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring maximal assistance for mobility/transfers/bathing/dressing; dependent for toileting and eating.

A review of the comprehensive care plan dated 12/2/24 revealed, FOCUS: CONTINENCE: the resident is frequently incontinent of bladder and bowels and is not a candidate for a toileting program, due to generalized weakness, due to severe physical impairment, due to stress incontinence. INTERVENTIONS: Check and change briefs frequently as needed. Provide toileting hygiene as needed for incontinent episodes. Check and change briefs frequently as needed. Provide toileting hygiene as needed for incontinent episodes. Check and change briefs frequently as needed.

A review of the ADL (activities of daily living) record revealed missing documentation for 'bowel and bladder elimination' on the following dates and shifts: January 2025-day shift: 1/3, 1/6, 1/11, 1/27, 1/28, 1/30; evening shift: 1/3, 1/6, 1/11, 1/12, 1/14, 1/19, 1/20, 1/24, 1/27 and night shift: 1/1, 1/25; February 2025- day shift: 2/10, 2/11, 2/16, 2/23; evening shift: 2/11, 2/15, 2/17 and night shift 2/1, 2/11, 2/22; March 2025-evening shift: 3/3, 3/9 and night shift 3/1.

An interview was conducted on 3/11/25 at 1:55 PM with LPN (licensed practical nurse) #1. When asked the purpose of the care plan, LPN #1 stated, so the resident and the family can talk about needs and anything that the resident needs addressed. When asked if the interventions listed on the care plan are not evidenced, was the care plan implemented, LPN #1 stated, no.

On 3/11/25 at 3:35 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of clinical ops was made aware of the concerns.

No further information was provided prior to exit.

3. The facility staff failed to implement the comprehensive care plan for incontinence care for R3.

R3 was admitted to the facility on [DATE] with diagnosis that included but were not limited to Rhabdomyolysis, DM (diabetes mellitus) and Spondylosis.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER: Rosedale Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 1719 Bellevue Avenue Richmond, VA 23227	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 12/26/24, coded the resident as scoring a 13 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring maximal assistance for mobility/transfers/bathing/dressing/toileting and supervision for eating. A review of the comprehensive care plan dated 10/3/24 revealed, FOCUS: The resident has bladder incontinence related to Physical limitations, BPH (benign prostatic hyperplasia). INTERVENTIONS: Clean peri-area with each incontinence episode. Physical assist with all ADLs. A review of the ADL (activities of daily living) record revealed missing documentation for 'bowel and bladder elimination' on the following dates and shifts: January 2025-day shift: 1/6, 1/7, 1/8, 1/9, 1/10; evening shift: 1/19, 1/23 and night shift: 1/1, Jan.4th, 1/5, 1/22, 1/23; February 2025- day shift: 2/2, 2/4, 2/14; evening shift: 2/17 and night shift 2/1, 2/3, 2/18, 2/24, 2/25; March 2025-evening shift: 3/3, 3/4 and night shift 3/2, March 4th, 3/5 and 3/9. An interview was conducted on 3/11/25 at 1:55 PM with LPN (licensed practical nurse) #1. When asked the purpose of the care plan, LPN #1 stated, so the resident and the family can talk about needs and anything that the resident needs addressed. When asked if the interventions listed on the care plan are not evidenced, was the care plan implemented, LPN #1 stated, no. On 3/11/25 at 3:35 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of clinical ops was made aware of the concerns. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Rosedale Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 Bellevue Avenue Richmond, VA 23227	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident/staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide ADL (activities of daily living) care for dependent residents for three of five residents, R1, R2 and R3. The findings include: 1.The facility staff failed to provide ADL (activities of daily living) specifically incontinence care for a dependent resident, R1. R1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to ESRD (end stage renal disease), HIV (human immunodeficiency virus) cancer and malnutrition. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 2/11/25, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring maximal assistance for mobility/transfers/bathing/dressing; dependent for toileting and supervision for eating. A review of the comprehensive care plan dated 12/9/24 revealed, FOCUS: CONTINENCE: due to generalized weakness, due to severe cognitive impairment, due to severe physical impairment. INTERVENTIONS: Provide substantial/maximal assistance with toileting. Provide toileting hygiene as needed for incontinent episodes. Check and change briefs frequently as needed. A review of the ADL (activities of daily living) record revealed missing documentation for 'bowel and bladder elimination' on the following dates and shifts: December 2024-night shift: 12/1 and 12/29: January 2025-day shift: 1/5, 1/6, 1/7, and 1/8, evening shift: 1/1, 1/8 and 1/9; February 2025-day shift 2/16, evening shift-2/2, 2/16 and night shift 2/1. An interview was conducted on 3/11/25 at 10:55 AM with CNA (certified nursing assistant) #1. When asked the incontinence care process, CNA #1 stated, we round on the residents and provide incontinence care. When asked if there are time frames for incontinence care to be provided, CNA #1 stated, not that I know of. When asked where the care is documented, CNA #1 stated, on the ADL form. An interview was conducted on 3/11/25 at 1:40 PM with CNA #2. When asked the incontinence care process, CNA #2 stated, incontinence care, when we are all here and staffed, I do it when I come in and then about 2 PM after lunch. We document on the ADL report, and we document everything. We would document something whether they are incontinent or continent. On 3/11/25 at 3:35 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of clinical ops was made aware of the concerns. No further information was provided prior to exit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Rosedale Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 Bellevue Avenue Richmond, VA 23227	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. The facility staff failed to provide ADL (activities of daily living) specifically incontinence care for a dependent resident, R2. R2 was admitted to the facility on [DATE] with diagnosis that included but were not limited to colitis, DM (diabetes mellitus), hemiplegia and hemiparesis. The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 2/7/25, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring maximal assistance for mobility/transfers/bathing/dressing; dependent for toileting and eating. A review of the comprehensive care plan dated 12/2/24 revealed, FOCUS: CONTINENCE: the resident is frequently incontinent of bladder and bowels and is not a candidate for a toileting program, due to generalized weakness, due to severe physical impairment, due to stress incontinence. INTERVENTIONS: Check and change briefs frequently as needed. Provide toileting hygiene as needed for incontinent episodes. Check and change briefs frequently as needed. Provide toileting hygiene as needed for incontinent episodes. Check and change briefs frequently as needed. A review of the ADL (activities of daily living) record revealed missing documentation for 'bowel and bladder elimination' on the following dates and shifts: January 2025-day shift: 1/3, 1/6, 1/11, 1/27, 1/28, 1/30; evening shift: 1/3, 1/6, 1/11, 1/12, 1/14, 1/19, 1/20, 1/24, 1/27 and night shift: 1/1, 1/25; February 2025- day shift: 2/10, 2/11, 2/16, 2/23; evening shift: 2/11, 2/15, 2/17 and night shift 2/1, 2/11, 2/22; March 2025-evening shift: 3/3, 3/9 and night shift 3/1. An interview was conducted on 3/11/25 at 10:55 AM with CNA (certified nursing assistant) #1. When asked the incontinence care process, CNA #1 stated, we round on the residents and provide incontinence care. When asked if there are time frames for incontinence care to be provided, CNA #1 stated, not that I know of. When asked where the care is documented, CNA #1 stated, on the ADL form. An interview was conducted on 3/11/25 at 1:40 PM with CNA #2. When asked the incontinence care process, CNA #2 stated, incontinence care, when we are all here and staffed, I do it when I come in and then about 2 PM after lunch. We document on the ADL report, and we document everything. We would document something whether they are incontinent or continent. On 3/11/25 at 3:35 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of clinical ops was made aware of the concerns. No further information was provided prior to exit. 3. The facility staff failed to provide ADL (activities of daily living) specifically incontinence care for a dependent resident, R3. R3 was admitted to the facility on [DATE] with diagnosis that included but were not limited to Rhabdomyolysis, DM (diabetes mellitus) and Spondylosis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495283	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosedale Health & Rehabilitation	1719 Bellevue Avenue Richmond, VA 23227

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 12/26/24, coded the resident as scoring a 13 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring maximal assistance for mobility/transfers/bathing/dressing/toileting and supervision for eating. A review of the comprehensive care plan dated 10/3/24 revealed, FOCUS: The resident has bladder incontinence related to Physical limitations, BPH (benign prostatic hyperplasia). INTERVENTIONS: Clean peri-area with each incontinence episode. Physical assist with all ADLs. A review of the ADL (activities of daily living) record revealed missing documentation for 'bowel and bladder elimination' on the following dates and shifts: January 2025-day shift: 1/6, 1/7, 1/8, 1/9, 1/10; evening shift: 1/19, 1/23 and night shift: 1/1, Jan.4th, 1/5, 1/22, 1/23; February 2025- day shift: 2/2, 2/4, 2/14; evening shift: 2/17 and night shift 2/1, 2/3, 2/18, 2/24, 2/25; March 2025-evening shift: 3/3, 3/4 and night shift 3/2, March 4th, 3/5 and 3/9. An interview was conducted on 3/11/25 at 10:55 AM with CNA (certified nursing assistant) #1. When asked the incontinence care process, CNA #1 stated, we round on the residents and provide incontinence care. When asked if there are time frames for incontinence care to be provided, CNA #1 stated, not that I know of. When asked where the care is documented, CNA #1 stated, on the ADL form. An interview was conducted on 3/11/25 at 1:40 PM with CNA #2. When asked the incontinence care process, CNA #2 stated, incontinence care, when we are all here and staffed, I do it when I come in and then about 2 PM after lunch. We document on the ADL report, and we document everything. We would document something whether they are incontinent or continent. On 3/11/25 at 3:35 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of clinical ops was made aware of the concerns. No further information was provided prior to exit.