

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>34306</p> <p>Based on a resident interview, staff interview, and clinical record review the facility staff failed to treat residents with respect and dignity for 1 out of 49 residents (Resident #84) in the survey summary.</p> <p>The findings included:</p> <p>The facility staff failed to notify the resident that her ice cream was mishandled resulting in a non-consumable thawed state.</p> <p>Resident #84 was originally admitted to the facility 03/14/2023. The current diagnoses included intellectual disability, paraplegia secondary to a spinal mass and glaucoma.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 06/01/2024 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 13 out of a possible 15. This indicated Resident #84's cognitive abilities for daily decision making were intact.</p> <p>An interview was conducted with Resident #84 on 7/24/24 at 5:37 PM. Resident #84 stated on 7/1/24 her sister brought in ice cream for her and her sister asked the facility's staff to label and store it until it was consumed by the resident. Resident #84 stated the staff accepted the ice cream from her sister. The resident stated later that day when she requested the some of the ice cream and she was told that she did not have ice cream in the freezer.</p> <p>Resident #84 further stated she asked the certified nursing assistant (CNA) to please look again because she knew her sister had left the ice cream with the staff. Resident #84 stated the CNA returned and informed her that the ice cream was not put in the freezer at the time it was received from her sister and the ice cream was observed on top of the freezer, thawed and not consumable. Resident #84 stated the information was very upsetting and she felt that the staff should have notified her that the ice cream had not been handled properly. Resident #84 stated she had prepared herself to enjoy eating the ice cream but learned it was not consumable.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/26/24 at 3:40 PM an interview was conducted with the Director of Nursing (DON). The DON stated that the staff who accepted the ice cream from the Resident's sister did not report that they failed to properly store the ice cream and neither did the staff who identified the melted ice cream report the event. The DON also stated that the resident did not voice her concern about the ice cream until 7/23/24 to LPN #3 and on she 7/24/24 took action and replaced the ice cream.</p> <p>The resident did not state during our interview on 7/24/24 at 5:37 PM that the facility staff apologized for the mishandling of her ice cream or replaced her ice cream on 7/24/24. The documentation in the resident record related to the mishandled ice cream and communication with the resident was dated 7/25/24.</p> <p>On 7/26/24 at approximately 4:45 PM, a final interview was conducted with the Administrator, Director of Nursing, the Regional Nurse Consultants and the [NAME] President of Operations. The DON voiced the resident should have reported the mishandling of her ice cream sooner. There were no further comments or voiced concerns regarding the above information deficient practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>34894</p> <p>Based on observations, staff interview, resident interview and clinical record review, the facility staff failed to ensure reasonable accommodation of needs for two alert Residents (Resident # 63 and # 64) in a survey sample of 49 residents.</p> <p>1. For Resident # 63, the facility staff failed to ensure the large clock on the bedroom wall was working. The room was shared with a roommate (Resident # 64) who also was alert and oriented.</p> <p>Resident # 63 was admitted to the facility with the diagnoses of, but not limited to, Cerebral Vascular Infarction and Aphasia.</p> <p>The most recent Minimum Data Set (MDS) was a Quarterly Assessment with an Assessment Reference Date (ARD) of 4/26/2024. Resident # 63's BIMS (Brief Interview for Mental Status) Score was a 15 out of 15, indicating no cognitive impairment.</p> <p>Review of the clinical record was conducted on 7/23/2024-7/26/2024.</p> <p>During the initial tour on 7/23/2024 at 1:15 p.m., the clock on the wall near the dresser in Resident # 63's room was observed to have the time of 5:57. Resident # 63 was in the room, lying in the bed and watching television. Resident # 63 was alert, oriented and able to converse with the surveyor. The room was shared with a roommate (Resident # 64).</p> <p>On 7/23/2024 at 2:10 p.m., the clock had the time of 5:57.</p> <p>On 7/23/2024 at 2:40 p.m., the clock had the time of 5:57. The second hand was not moving. Resident # 63 was observed sitting in his wheelchair and propelling himself in the hallway. He stated he was going back to his room after participating in an activity.</p> <p>On 7/23/2024 at 3:00 p.m., the clock had the time of 5:57. Resident # 63 was lying on his bed watching TV.</p> <p>On 7/23/2024 at 4:40 p.m., the clock had the time of 5:57. Resident # 63 was lying in bed.</p> <p>On 7/24/2024 at 9:45 a.m., the clock had the time of 5:57. Resident # 63 was lying in bed listening to music.</p> <p>On 7/24/2024 at 1:30 p.m., the clock had the time of 5:57. Resident # 63 was not in the room.</p> <p>On 7/24/2024 at 1:50 p.m., the clock had the time of 5:57. Resident # 63 was not in the room.</p> <p>On 7/24/2024 at 4:40 p.m., the clock had the time of 5:57. Resident # 63 was lying in bed watching television.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/25/2024 at 8:30 a.m., the clock had the time of 5:57. Resident # 63 was lying in bed watching television. During the interview, Resident # 63 stated he looks at the clock but it is wrong. Stated he would use the clock if it was correct. Resident stated he had to use his cell phone or the clock at the nurses station to get the correct time.</p> <p>Staff persons were observed in the room picking up food trays, delivering ice and water and providing care to Resident # 63 during the survey. No staff person addressed the issue of the clock having the wrong time.</p> <p>On 7/25/2024 at 2:05 p.m., an interview was conducted with the Unit Manager who stated Resident # 63 was alert and oriented. The Unit Manager went to the room with the surveyor, looked at the clock and stated the time showed 5:57. The Unit Manager stated the clock in the room should have had the correct time because it was important for the orientation of the residents. The Unit Manager was informed that the time on the clock showed the time of 5:57 during each observation of the survey. The Unit Manager stated staff members should have observed the clock was wrong.</p> <p>During the end of day debriefing on 7/25/2024, the Facility Administrator, the Regional [NAME] President of Operations, and Director of Nursing were informed of the issue. They all stated the clocks in residents' rooms should be accurate. The Director of Nursing, she stated it was important for clocks to be accurate because they would help with orientation of the residents. The Director of Nursing stated the staff members should have observed that the clock was not working.</p> <p>No further information was provided.</p> <p>2. For Resident # 64, the facility staff failed to ensure the clock in the bedroom was working. The room was shared with a roommate (Resident # 63) who also was alert and oriented.</p> <p>Resident # 64 was admitted to the facility with the diagnoses of, but not limited to Hypertension.</p> <p>The most recent Minimum Data Set (MDS) was an Annual Assessment with an Assessment Reference Date (ARD) of 6/13/2024. The MDS for Resident # 64 was coded with a BIMS (Brief Interview for Mental Status) Score of 15 out of 15 indicating no cognitive impairment.</p> <p>Review of the clinical record was conducted on 7/23/2024-7/26/2024.</p> <p>During the initial tour on 7/23/2024 at 1:15 p.m., the clock on the wall near the dresser in Resident # 64's room was observed to have the time of 5:57. Resident # 64 was in the room, sitting in his wheelchair and watching television. Resident # 64 was alert and able to converse with the surveyor. The room was shared with a roommate (Resident # 63) who also was alert and oriented.</p> <p>On 7/23/2024 at 2:40 p.m., the clock had the time of 5:57. The second hand was not moving. Resident # 64 was observed propelling himself in his wheelchair the hallway. He stated he was going back to his room after participating in an activity.</p> <p>On 7/23/2024 at 4:40 p.m., the clock had the time of 5:57. Resident # 64 was sitting in his wheelchair watching television.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/24/2024 at 9:45 a.m., the clock had the time of 5:57. Resident # 64 was sitting in his wheelchair in the room.</p> <p>On 7/24/2024 at 1:30 p.m., the clock had the time of 5:57. Resident # 64 was not in the room.</p> <p>On 7/24/2024 at 1:50 p.m., the clock had the time of 5:57. Resident # 64 was sitting in the wheelchair in the room. When asked if he could tell time, he replied yes. Resident # 64 looked over at the clock when asked what time the next Activity was scheduled. Resident # 64 looked and the clock and stated the clock was wrong. He stated he had to look at his cell phone to get the time. Resident # 64 began looking for his cell phone. Resident # 64 located the cell phone and stated the correct time. Resident # 64 stated the Activities personnel would let him know when it is time to go to Activities.</p> <p>On 7/24/2024 at 4:40 p.m., the clock had the time of 5:57. Resident # 64 was sitting in his wheelchair in his room and watching television.</p> <p>On 7/25/2024 at 8:35 a.m., the clock had the time of 5:57. Resident # 64 was sitting in his wheelchair watching television.</p> <p>Staff persons were observed in the room delivering and picking up food trays, delivering ice and water and providing assistance to Resident # 64 during the survey. No staff person addressed the issue of the clock having the wrong time.</p> <p>On 7/25/2024 at 2:05 p.m., an interview was conducted with the Unit Manager who stated Resident # 64 was alert and oriented. The Unit Manager went to the room with the surveyor, looked at the clock and stated the time showed 5:57. The Unit Manager stated the clock in the room should have had the correct time because it was important for the orientation of the residents. The Unit Manager was informed that the time on the clock showed the time of 5:57 during each observation of the survey. The Unit Manager stated staff members should have observed the clock was wrong.</p> <p>During the end of day debriefing on 7/25/2024, the Facility Administrator, the Regional [NAME] President of Operations, and the Director of Nursing were informed of the issue. They all stated the clocks in residents' rooms should be accurate. The Director of Nursing, she stated it was important for clocks to be accurate because they would help with the orientation of the residents. The Director of Nursing stated the staff members should have observed that the clock was not working.</p> <p>No further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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>34306</p> <p>Based on staff interview and clinical record review, the facility staff failed to develop a person-centered comprehensive care plan for 1 of 49 residents (Resident #76), in the survey sample.</p> <p>The findings included:</p> <p>Resident #76 was originally admitted to the facility 1/16/23 and readmitted to the facility acute care hospital stay on 6/10/24. The current diagnoses included a neurogenic bladder secondary to multiple sclerosis.</p> <p>A neurogenic bladder is an interruption of communication between the brain and the nerves in the spinal cord that the control bladder. People with multiple sclerosis or spina bifida might have similar problems. (<a href="https://www.mayoclinic.org/tests-procedures/neurogenic-bladder-bowel-management/about/pac-20394763">https://www.mayoclinic.org/tests-procedures/neurogenic-bladder-bowel-management/about/pac-20394763</a>)</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/15/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #76's cognitive abilities for daily decision making were intact. In section GG0115 A/B Functional Limitation in Range of Motion; the resident was coded to have no impairment of bilateral upper extremities (shoulder, elbow, wrist, hand) and bilateral lower extremities (hip, knee, ankle, foot). At section G0170A, the ability to roll from lying on her back to the left and right side and return to lying on back on the bed was coded as requiring partial/moderate assistance. At section H0100A the resident was coded as utilizing an indwelling catheter.</p> <p>A review of the physician's Order Summary (POS) revealed the following order dated 2/23/24 Foley Catheter, size (16F) and balloon size (5ml) for neurogenic bladder. Another order dated 2/23/24, read change and date the Foley drainage bag on the 15th of every month and as needed.</p> <p>On 7/23/24 during the initial tour at approximately 2:55 PM, Resident #76 was observed in bed with positioned on her back watching television. A bedside drainage bag was observed attached to the bedframe. Again on 7/23/24 at approximately 11:15 AM the resident was in bed. The resident removed the bed linens to allow the surveyor to observe the upper tubing to the catheter. It was identified as an indwelling catheter.</p> <p>Review of the person-centered comprehensive care plan failed to address the resident's need to have a indwelling catheter due to a neurogenic bladder secondary to multiple sclerosis even though it was identified on the resident's comprehensive assessment.</p> <p>The Facility policy titled, Comprehensive Care Planning, documented in part, the following: C) A comprehensive care plan must be developed by the interdisciplinary care planning team with in seven days after completion of the comprehensive MDS. The services provided or arranged by the facility, as outlined by the comprehensive care plan must be provided by qualified persons in accordance with each resident's written plan of care. Be culturally competent and trauma-informed, as indicated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 7/26/24 at approximately 4:45 PM, a final interview was conducted with the Administrator, Director of Nursing, the Regional Nurse Consultants and the [NAME] President of Operations. They had no comments and voiced no concerns regarding the above information deficient practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>34306</p> <p>Based on resident interviews, staff interviews, and clinical record review, the facility staff failed to schedule and invite the residents and their representatives to participate in care planning for 2 of 49 residents (Resident #10 and #7), in the survey sample.</p> <p>The findings included:</p> <p>1. The facility staff failed to schedule and invite Resident #10 to participate in her care plan conference after completion of her 6/29/24 significant change Minimum Data Set (MDS) assessment.</p> <p>Resident #10 was originally admitted to the facility 11/2/21. The current diagnoses included a heart attack, a seizure disorder and a meningioma. The significant change MDS assessment with an assessment reference date (ARD) of 6/29/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 14 out of a possible 15. This indicated Resident #10's cognitive abilities for daily decision making were intact.</p> <p>On 07/24/24 at 11:02 AM, an interview was conducted with Resident #10. The resident stated she had not been invited to participate in her care plan conference recently and she did not believe the facility's staff had held her care plan conference because her spouse had not mentioned that he had been invited to participate.</p> <p>An interview was conducted with the Social Services Director (SSD) on 7/26/24 at approximately 1:35 PM. The SSD provided documentation that Resident #10's last care plan conference was last held on 4/18/24 and the resident participated but seven days after completion of the significant change assessment the facility staff failed to schedule and conduct a care plan conference. At the time of the survey's team exit on 7/26/24 the care plan meeting associated with the 6/29/24 MDS assessment had not been scheduled.</p> <p>The facility's 3/2/21 revised policy titled Comprehensive Care Planning at section F, stated that the comprehensive care plan is reviewed and updated at least every 90 days by the interdisciplinary team. At section G the policy read, In cases of a significant change the resident's condition, the care plan must be updated within seven days of the new full MDS. At section H the policy read A facility Resident Care Plan coordinator (must be a nurse appointed and supervised by the Director of Nursing) is responsible for the Resident assessment, the Resident care plan and the Resident care plan conference.</p> <p>On 7/26/24 at approximately 4:45 PM, a final interview was conducted with the Administrator, Director of Nursing (DON), the Regional Nurse Consultants and the [NAME] President of Operations. The DON stated that Resident #10 had a brain tumor and she was certain that what she stated was not correct. The DON investigated the above information and return later confirming Resident #10 was accurate and she had not had a care plan conference since 4/18/24. The Facility staff had no additional comments and voiced no further concerns regarding the above information deficient practice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The facility staff failed to schedule and invite Resident #7 to participate in her care plan conference after completion of her 6/30/24 quarterly Minimum Data Set (MDS) assessment.</p> <p>Resident #7 was originally admitted to the facility 3/22/24. The The current diagnoses included multiple sclerosis. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 13 out of a possible 15. This indicated Resident #7's cognitive abilities for daily decision making were intact.</p> <p>On 07/24/24 at 12:11 PM, an interview was conducted with Resident #7. The resident stated it had been a long time since she had been invited to attended a care plan conference and she was sure her son had not participated in a care plan conference without her.</p> <p>An interview was conducted with the Social Services Director (SSD) on 7/26/24 at approximately 1:35 PM. The SSD provided documentation that Resident #7's last care plan conference was last held on 3/28/24 and the resident participated but seven days after completion of the 6/30/24 quarterly assessment the facility staff failed to schedule and conduct a care plan conference. At the time of the survey's team's exit on 7/26/24 the care plan meeting associated with the 6/30/24 MDS assessment had not been scheduled, therefore the resident and her representative still had not been invited to participate.</p> <p>The facility's 3/2/21 revised policy titled Comprehensive Care Planning at at section F, stated that the comprehensive care plan is reviewed and updated at least every 90 days by the interdisciplinary team. At section G the policy read, In cases of a significant change the resident's condition, the care plan must be updated within seven days of the new full MDS. At section H the policy read A facility Resident Care Plan coordinator (must be a nurse appointed and supervised by the Director of Nursing) is responsible for the Resident assessment, the Resident care plan and the Resident care plan conference.</p> <p>On 7/26/24 at approximately 4:45 PM, a final interview was conducted with the Administrator, Director of Nursing (DON), the Regional Nurse Consultants and the [NAME] President of Operations. The Facility staff had no additional comments and voiced no concerns regarding the above information deficient practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34306</p> <p>Based on staff interview and clinical record review, the facility staff failed to provide care and services in accordance with professional standards for 2 of 49 residents (Resident #76 and #125), in the survey sample.</p> <p>The findings included:</p> <p>1. The facility staff failed to transcribe a physician's order as written, resulting in Resident #76 receiving food prior to administration of the Omeprazole.</p> <p>Omeprazole is used to treat certain conditions where there is too much acid in the stomach. It is used to treat gastric and duodenal ulcers, erosive esophagitis, and gastroesophageal reflux disease. (<a href="https://www.mayoclinic.org/drugs-supplements/omeprazole-oral-route/description/drg-20066836">https://www.mayoclinic.org/drugs-supplements/omeprazole-oral-route/description/drg-20066836</a>)</p> <p>Resident #76 was originally admitted to the facility 1/16/23 and readmitted to the facility acute care hospital stay on 6/10/24. The current diagnoses included an upper gastrointestinal bleed/esophageal bleed.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/15/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #76's cognitive abilities for daily decision making were intact. In section GG0115 A/B Functional Limitation in Range of Motion; the resident was coded to have no impairment of bilateral upper extremities (shoulder, elbow, wrist, hand) and bilateral lower extremities (hip, knee, ankle, foot). At section G0170A, the ability to roll from lying on her back to the left and right side and return to lying on back on the bed was coded as requiring partial/moderate assistance.</p> <p>A review of the resident's monthly medication review revealed on 6/26/24 a progress note from the Pharmacist to the facility's staff to see the consultant pharmacist report for noted irregularities and/or recommendations. The Pharmacist recommendation stated the resident receives the Proton Pump Inhibitor (PPI) Pantoprazole Sodium 40 milligrams (mg) twice daily. In the absence of an indication requiring twice daily PPI therapy (nocturnal symptoms, [NAME]-[NAME] syndrome), please change to Omeprazole 20 mg once daily, thirty minutes before food. The Pharmacist rationale for the change read, dosing for PPI more frequently than once daily may increase the risk of adverse effects such as osteoporotic fracture and C. difficile infection.</p> <p>A review of the physician's Order Summary (POS) revealed the following order dated 7/3/24 for Omeprazole capsule, delayed release 20 mg, one capsule orally once a day between 7:00 AM and 10:00 AM. The Omeprazole order failed to include the specified thirty minutes before food and review of administration of the Omeprazole 20 mg from 7/3/24 through 7/26/24 revealed on four days the medication was not administered until 10:52 AM on 7/15/24, 10:57 AM on 7/16/24, 12:14 PM on 7/20/24 and 10:46 AM on 7/21/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the survey 7/23/24 through 7/26/24 Resident #76 was observed having the breakfast meal tray removed from her room before 10:00 AM, indicating she received and consumed some of the meal prior to administration of the Omeprazole.</p> <p>On 7/26/24 at approximately 4:45 PM, a final interview was conducted with the Administrator, Director of Nursing (DON), Regional Nurse Consultants and the [NAME] President of Operations. The DON stated the timing of administration of the Omperazole would be adjusted so it will be administered thirty minutes prior to food. The facility staff had no additional comments and voiced no concerns regarding the above information deficient practice.</p> <p>40711</p> <p>2.The facility staff failed to administer Doxepin HCL 150 mg capsule to Resident #125 for (3) three nights, according to physicians order.</p> <p>Doxepin is used to treat anxiety or depression. It is also used to treat insomnia (trouble with sleeping). Doxepin is a tricyclic antidepressant (TCA). It works on the central nervous system (CNS) to increase levels of certain chemicals in the brain.</p> <p>This medicine is available only with your doctor's prescription.</p> <p>This product is available in the following dosage forms: Tablet, Capsule, Solution. <a href="https://www.mayoclinic.org/drugs-supplements/doxepin-oral-route/side-effects/drg-20072083?p=1">https://www.mayoclinic.org/drugs-supplements/doxepin-oral-route/side-effects/drg-20072083?p=1</a></p> <p>Resident #125 was originally admitted to the facility 1/18/23 after an acute care hospital stay. The resident has never been discharged from the facility. The current diagnoses included; Paranoid Personality Disorder and Bi-Polar Disorder</p> <p>The quarterly, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 1/18/23 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #125 cognitive abilities for daily decision making were intact.</p> <p>The Care Plan dated 1/02/23 read that Resident #125 has a psychiatric disorder r/t bipolar disorder. The focus was resident will have no behavior/maintain behavioral manifestation to a minimum. The intervention for Resident #125 was to refer resident to psychiatric services per physician orders.</p> <p>The Physician's Order Summary (POS) for January read Doxepin HCl Capsule 150 mg Give 2 capsule by mouth at bedtime related to bipolar disorder. Start dated was 1/09/2023.</p> <p>A review of the Medication Administration Record (MAR) revealed that Resident #125 missed 3 days of receiving Doxepin HCl Capsule 150 mg, 2 capsules by mouth at bedtime on the following dates: January 22-January 24-2023.</p> <p>A review of the medical record revealed on 1/22/23 at 9:40 PM., Doxepin HCl Capsule 150 mg on order not in from pharmacy not available in pixis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the medical record revealed on 1/23/23 at 8:53 PM., Doxepin HCl Capsule 150 mg not available.</p> <p>A review of the medical record revealed on 1/24/23 at 10:14 PM., Doxepin HCl Capsule 150 mg Awaiting refill from pharmacy.</p> <p>According to the MAR and Medical Records, Resident #125 did not receive their prescribed Doxepin HCl 150 mg Capsules, for three nights.</p> <p>On 7/24/24 at approximately 7:35 PM., a telephone interview was conducted with Family Member (FM) #3, concerning Resident #125. FM #3 said that she was informed by the resident that she was not administered Doxepin for three nights while residing at the facility.</p> <p>On 07/26/24 at approximately 11:38 AM., an interview was conducted with the Director of Nursing (DON). The DON said that the medication was available. The staff should have administered the Doxepin.</p> <p>On 7/26/24 at approximately 2:10 PM., a final interview was conducted with the Administrator, Director of Nursing (DON), Regional Nurse Consultants and the [NAME] President of Operations. The local state Ombudsman was also present. The facility staff had no additional comments and voiced no concerns regarding the above information deficient practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>34306</p> <p>Based on a resident interview, staff interview, and clinical record review the facility staff failed to assist a resident to schedule an appointment and arrange transportation to and from the vision care center for 1 of 49 residents (Resident #84), in the survey sample.</p> <p>The findings included:</p> <p>Resident #84 was originally admitted to the facility 03/14/2023. The current diagnoses included intellectual disability, paraplegia secondary to a spinal mass and glaucoma.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 06/01/2024 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 13 out of a possible 15. This indicated Resident #84's cognitive abilities for daily decision making were intact.</p> <p>An interview was conducted with Resident #84 on 7/24/24 at 5:37 PM. Resident #84 stated she was so excited because she finally had insurance which afforded her the opportunity to choose a pair of glasses she really wanted, not the refurbished eye glasses. The resident stated she had become super excited after she was notified the that her eye glasses were paid for and ready at the vision care center.</p> <p>The resident stated that on 7/19/22 that she informed the nursing staff that her eyeglasses were ready for picked at the vision care center and she asked the nurse to schedule an appointment on the first available Tuesday or Thursday because the vision care center wanted her to try the glasses on so they could be adjusted if needed prior to delivery. Resident #84 stated as of 7/24/24 the facility's staff had not communicated with her the date and time the appointment would take place. Resident #84 further stated that she was upset to the point that she did not care any longer if she obtained the eyeglasses.</p> <p>On 7/26/24 at 3:40 PM an interview was conducted with the Director of Nursing (DON). The DON stated the resident did not inform the facility staff that the eyeglasses were ready to be picked up until 7/19/24 and the staff made two attempts to schedule an appointment with no success therefore there was no information to relay to the resident. A review of the nurse's notes failed to validated the actions of the facility's staff attempting to make an appointment on behalf of the resident.</p> <p>A text message was provided to the survey team on 7/26/24 at 4:00 PM from Licensed Practical Nurse (LPN) #8 to the Assistant Director of Nursing. The text message stated LPN #8 was informed by Resident #84 that the vision care center had called the facility to convey that Resident #84's glasses were ready for pickup but no one at the facility answered the phone therefore Resident #84's family member was notified. In the text message LPN #8 stated she called the vision care center to confirm the information but she could not reach the vision care staff.</p> <p>Again there was no documentation for other staff members to continue calling the vision care center because LPN #8 failed to document the information. The DON stated that today (7/26/24) they had obtained an appointment for Resident #84 to visit the vision care center on 7/30/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0685  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 7/26/24 at approximately 4:45 PM, a final interview was conducted with the Administrator, Director of Nursing, the Regional Nurse Consultants and the [NAME] President of Operations. They had no comments and voiced no concerns regarding the above information deficient practice.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	

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>34306</p> <p>Based on observations, staff interview and clinical record review, the facility staff failed to ensure a resident with an indwelling catheter received the appropriate care and services to prevent repetitive urinary tract infections (UTIs) for 1 of 49 residents (Resident #76), in the survey sample.</p> <p>The findings included:</p> <p>Resident #76 was originally admitted to the facility 1/16/23 and readmitted to the facility acute care hospital stay on 6/10/24. The current diagnoses included a neurogenic bladder secondary to multiple sclerosis.</p> <p>A neurogenic bladder is an interruption of communication between the brain and the nerves in the spinal cord that the control bladder. People with multiple sclerosis or spina bifida might have similar problems. (<a href="https://www.mayoclinic.org/tests-procedures/neurogenic-bladder-bowel-management/about/pac-20394763">https://www.mayoclinic.org/tests-procedures/neurogenic-bladder-bowel-management/about/pac-20394763</a>)</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/15/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #76's cognitive abilities for daily decision making were intact. In section GG0115 A/B Functional Limitation in Range of Motion; the resident was coded to have no impairment of bilateral upper extremities (shoulder, elbow, wrist, hand) and bilateral lower extremities (hip, knee, ankle, foot). At section G0170A, the ability to roll from lying on her back to the left and right side and return to lying on back on the bed was coded as requiring partial/moderate assistance. At section H0100A the resident was coded as utilizing an indwelling catheter.</p> <p>A review of the physician's Order Summary (POS) revealed the following order dated 2/23/24 Foley Catheter, size (16F) and balloon size (5ml) for neurogenic bladder. Another order dated 2/23/24, read change and date the Foley drainage bag on the 15th of every month and as needed.</p> <p>On 7/23/24 during the initial tour at approximately 2:55 PM, Resident #76 was observed in bed with positioned on her back watching television. A bedside drainage bag was observed attached to the bedframe. Again on 7/23/24 at approximately 11:15 AM the resident was in bed. The resident removed the bed linens to allow the surveyor to observe the upper tubing to the catheter. It was identified as an indwelling catheter.</p> <p>During the Infection Control task, Resident #76 was identified to have recurrent UTIs. They included, on 3/6/24 the resident presented with greater than 100,000 colonies of E. coli bacteria, on 4/30/24 she had greater than 100,000 colonies of pseudomonas bacteria, and on 6/7/24 the resident was admitted to the hospital for severe sepsis secondary to a multi-drug resistant E. coli bacteria UTI.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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>Review of the person-centered comprehensive care plan failed to address the resident's need to have a indwelling catheter due to a neurogenic bladder secondary to multiple sclerosis even though it was identified on the resident's comprehensive assessment. Also the person-centered comprehensive care plan failed to provide guidance to the direct care caregivers to decrease opportunities for UTIs by recognizing, reporting and addressing changes. The person-centered comprehensive care plan further failed to prompt the direct care staff to keeping the catheter anchored to prevent excessive tension, securing the catheter to facilitate flow of urine, preventing kinking of the tubing and positioning the tubing/bag below the level of the bladder, keeping the resident and catheter clean of feces to minimize bacterial migration, and adhering to infection control practices when managing the catheter.</p> <p>On 7/25/24 2:10 PM the Infection Preventionist stated she had been conducting ongoing in-services with the staff regarding handwashing but she did not state when E. coli bacterias were identified in urine that she instructed the staff on proper toileting hygiene after having bowel movements.</p> <p>On 7/26/24 at approximately 4:45 PM, a final interview was conducted with the Administrator, Director of Nursing, the Regional Nurse Consultants and the [NAME] President of Operations. They had no comments and voiced no concerns regarding the above information deficient practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>40026</p> <p>Based on observation, interview, clinical record review and facility documentation the facility staff failed to provide respiratory care consistent with professional standards of practice for 1 Resident (#94) in a survey sample of 49 Residents.</p> <p>The findings included:</p> <p>For Resident #94 the facility staff failed to ensure oxygen and nebulizer tubing were changed according to physician order.</p> <p>On 07/23/24 at 02:15 PM observation was made of Resident # 94's oxygen and nebulizer tubing dated 7/14/24, the humidification bottle attached to the oxygen concentrator was not dated.</p> <p>A review of the clinical record revealed that the orders for nebulizer and oxygen read:</p> <p>Clean oxygen concentrator and filter, change tubing weekly (Q 7 days).</p> <p>The MAR (Medication Administration Record) was signed off as being done on 7/14/24 and 7/21/24.</p> <p>On the morning of 7/24/24 an interview was conducted with LPN #3 who was asked when the oxygen tubing gets changed, she stated that it is done on night shift once a week on Sunday. When asked about the tubing on Resident #94's oxygen and nebulizer she stated that it must have gotten missed.</p> <p>On 7/26/24 an interview with the DON was conducted and she was asked the expectation of nurse changing oxygen and nebulizer tubing, she stated that it was her expectation that it be changed according to policy which is weekly. When asked if that was done in this case, she stated that it was not.</p> <p>On 7/26/24 during the end of day meeting the Administrator was made aware of the findings and no further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>34306</p> <p>Based on observations, staff interview, and clinical record review, the facility staff failed to demonstrate alternatives were attempted prior to installing side rails to the bed of 1 of 49 residents (Resident #76), in the survey sample.</p> <p>The findings included:</p> <p>Resident #76 was originally admitted to the facility 1/16/23 and readmitted to the facility acute care hospital stay on 6/10/24. The current diagnoses included a stroke, malnutrition, depression, and multiple sclerosis.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/15/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #76's cognitive abilities for daily decision making were intact. In section GG0115 A/B Functional Limitation in Range of Motion; the resident was coded to have no impairment of bilateral upper extremities (shoulder, elbow, wrist, hand) and bilateral lower extremities (hip, knee, ankle, foot). At section G0170A, the ability to roll from lying on her back to the left and right side, and return to lying on back on the bed was coded as requiring partial/moderate assistance.</p> <p>On 7/23/24 during the initial tour at approximately 2:55 PM, Resident #76 was observed in bed with positioned on her back watching television. Bilateral quarter (1/4) side rails were observed in the up position to the bed. Again on 7/26/24 at approximately 2:25 PM the resident was observed to have bilateral quarter side rails to the bed. Resident #76 stated she is assisted by the nurses to turn change positions in bed.</p> <p>The Physician's Order Summary (POS) revealed an order dated 2/23/24 for 1/4 bed rails for bed mobility.</p> <p>The resident's care plan had a problem dated 5/24/24 which read; activities of daily living (ADLs) Functional Status/Rehabilitation Potential. (name of the resident) has self-care deficit and requires assistance with ADLs related to a diagnosis of multiple sclerosis and decreased mobility. The goal read; Resident needs will be met. The interventions included 1/4 bed rails to promote mobility.</p> <p>The resident's clinical record contained a Bed Rail assessment completed on 01/19/24 which stated, the resident had a medical need for the side rail being considered. The medical need was identified as resident mobility and the resident benefits from use of the side rail was documented as resident mobility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/26/24 at 3:40 PM an interview was conducted with the Director of Nursing (DON). The DON stated the resident had 1/4 rails to her bed for bed mobility and she had consented to them, but the DON documentation failed to reveal the resident's signature for consent of the side rails Also the DON failed to provide evidence that alternatives were attempted prior to use of side rails, or that a review of risks including entrapment was discussed with resident prior to installation of the side rails.</p> <p>On 7/26/24 at approximately 4:45 PM, a final interview was conducted with the Administrator, Director of Nursing, the Regional Nurse Consultants and the [NAME] President of Operations. They had no comments and voiced no concerns regarding the above information deficient practice.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>40711</p> <p>Based on observations, resident interview, staff interview, clinical record review, the facility's staff failed to ensure significant medication was administered for 1 of 49 residents in the survey sample, Resident #125</p> <p>The findings included:</p> <p>Resident #125 was originally admitted to the facility 1/18/23 after an acute care hospital stay. The resident has never been discharged from the facility. The current diagnoses included; Paranoid Personality Disorder and Bi-Polar Disorder.</p> <p>The quarterly, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 1/18/23 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #125 cognitive abilities for daily decision making were intact.</p> <p>The Care Plan dated 1/02/23 read that Resident #125 has a psychiatric disorder r/t bipolar disorder. The focus was resident will have no behavior/maintain behavioral manifestation to a minimum. The intervention for Resident #125 was to refer resident to psychiatric services per physician orders.</p> <p>The Physician's Order Summary (POS) for January read Doxepin HCl Capsule 150 mg Give 2 capsule by mouth at bedtime related to bipolar disorder. Start dated was 1/09/2023.</p> <p>A review of the Medication Administration Record (MAR) revealed that Resident #125 missed 3 days of receiving Doxepin HCl Capsule 150 mg, 2 capsules by mouth at bedtime on the following dates: January 22-January 24-2023.</p> <p>A review of the medical record revealed on 1/22/23 at 9:40 PM., Doxepin HCl Capsule 150 mg on order not in from pharmacy not available in pixis.</p> <p>A review of the medical record revealed on 1/23/23 at 8:53 PM., Doxepin HCl Capsule 150 mg not available.</p> <p>A review of the medical record revealed on 1/24/23 at 10:14 PM., Doxepin HCl Capsule 150 mg Awaiting refill from pharmacy.</p> <p>According to the MAR, Resident #125 did not receive their prescribed Doxepin HCl 150 mg Capsules, for three nights.</p> <p>On 7/24/24 at approximately 7:35 PM., a telephone interview was conducted with Family Member (FM) #3, concerning Resident #125. FM #3 said that she was informed by the resident that she was not administered Doxepin for three nights while residing at the facility.</p> <p>On 07/26/24 at approximately 11:38 AM., an interview was conducted with the Director of Nursing (DON). The DON said that the medication was available. The staff should have administered the Doxepin.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  26181 Parksley Road Parksley, VA 23421	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/26/24 at approximately 2:10 PM., a final interview was conducted with the Administrator, Director of Nursing (DON), Regional Nurse Consultants and the [NAME] President of Operations. The local state Ombudsman was also present. The facility staff had no additional comments and voiced no concerns regarding the above information.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Shore Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 26181 Parksley Road Parksley, VA 23421	
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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49455</p> <p>Based on observation and staff interview the facility staff failed to properly thaw and store chicken and the facility staff failed to appropriately label and date refrigerated and un-refrigerated food items.</p> <p>The findings include:</p> <p>On 7/23/24 at approximately 12:30 PM observations were made of: loaves of bread with no expiration dates on the bread rack, opened milk with no used by date in the walk-in refrigerator and open slice cheddar cheese in a plastic bag with no label or date.</p> <p>On 7/24/24 at approximately 12:30 PM an observation was made of the chicken legs that were thawed to be used by 7/23/24, were refrozen in the facility's freezer in clear plastic bags dated 8/31/24.</p> <p>An interview was conducted with Others #8 (dietary staff) on 7/24/2024 at approximately 2:30 PM. Others #8 shared that everything gets dated on the day of delivery with the delivery date. She shared when an item is opened and not completely used, the open and discard date should be written on the item. Others #8 indicated that once chicken is thawed and stored in the walk-in refrigerator, it should not be refrozen.</p> <p>An interview was conducted with Others #9 (dietary staff) on 7/24/2024 at approximately 3:10 PM. Others #9 shared that when a product in the kitchen is opened, staff should put a open and discard date on the product.</p> <p>An interview was conducted with the Dietary Manager on 7/25/2024 at approximately 1:00 PM. The Dietary Manager shared that the stock staff put a delivery date on everything as it is put away. He shared that staff should put a open and discard date on all items opened and not completely used. The Dietary Manager acknowledged the thawed chicken from 7/23/2024 should not have been refrozen and that he was not aware.</p> <p>Review of the facility's policy Food Preparation and Handling with a revision date of 1/5/2023, indicated foods would be appropriately labeled and dated.</p> <p>The above findings were shared with the Administrator, the Director of Nursing, Corporate Nurse ,Vice President of Operations, and Ombudsman on 7/26/2024 at approximately 5:15 PM. No further information was provided prior to the conclusion of the survey.</p>		