

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER SENTARA NURSING AND REHAB CENTER-WINDERMERE		STREET ADDRESS, CITY, STATE, ZIP 1604 OLD DONATION PKWY VIRGINIA BEACH, VA 23454	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0552 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interviews, staff interviews, and clinical record review, the facility staff failed to inform two residents (Residents #1 and #3), of four residents in the survey sample, of their COVID-19 laboratory results for all COVID-19 test performed. The findings included: 1. Resident #1 was originally admitted to the facility 3/17/20 and readmitted [DATE] after an acute care hospital stay. The current [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 8/12/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. An interview was conducted with Resident #1 on 9/22/20 at approximately 12:45 p.m. Resident #1 stated she had recently returned to the long term care unit from the isolation unit secondary to a lengthy hospitalization and three time weekly outing for [MEDICAL TREATMENT]. Resident #1 stated she continues to require [MEDICAL TREATMENT] but the facility decided it was no longer required to stay on the isolation unit solely because you attend [MEDICAL TREATMENT]. Resident #1 stated she's had multiple COVID-19 test conducted but she had only received the results once and that was because she insisted the results be revealed to her. Resident #1 stated neither had her emergency contact ever stated to her the facility revealed COVID-19 test results to them. Resident #1 stated no information had been given to her regarding when or if the facility's staff would voluntarily provide her with COVID test result but she would like to have the staff tell her what the results were. Review of the resident's clinical record revealed COVID-19 test results were documented in the resident's progress notes but the documentation didn't state that the resident and/or responsible party was made aware of the test results. 2. Resident #3 was admitted to the facility 6/15/20 and has never been discharged. The current [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/22/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #3's cognitive abilities for daily decision making were intact. An interview was conducted with Resident #3 on 9/22/20 at approximately 11:47 p.m. Resident #3 stated she had been tested twice since admission to the facility but no one had spoken to her about either of the test results therefore she assumed she was negative after it occurred a second time and she didn't feel sick. Resident #3 further stated it was her preference to have staff inform her of her test results. During an interview 9/25/20, Resident #3 stated she had received a letter explaining the facility's COVID-19 status but nothing about her personal test. Review of the resident's clinical record revealed COVID-19 test results were documented in the resident's progress notes but the documentation didn't state that the resident and/or responsible party was made aware of the test results. On 9/26/20 at approximately 4:00 p.m., the above findings were shared with the Administrator and Director of Nursing. The Director of Nursing stated she wasn't aware of staff notifying residents or responsible party's of the COVID-19 results but they were recording the information in each resident's clinical record. The Director of Nursing also stated when she had a COVID-19 test conducted she wanted to receive the results just as the two above resident's desired to receive their COVID-19 test results.		
F 0676 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews and clinical record review, the facility staff failed to ensure 3 of 4 residents in the survey sample (Resident #1, Resident #3 and Resident #4), were given the opportunity to get out of bed as tolerated or able. The findings included: 1. The facility staff failed to give Resident #1 the opportunity to get out of bed as tolerated or able on her designated days (Tuesday, Thursday, and Saturday.) Resident #1 was originally admitted to the nursing facility 03/17/20. [DIAGNOSES REDACTED]. Resident #1's Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date (ARD) of 08/12/20 coded Resident #1 with a 15 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The MDS coded Resident #1 requiring total dependence of two with transfer, total dependence of one with toilet use and bathing, extensive assistance of one with dressing and personal hygiene. In addition, the MDS under Functional Limitation in Range of Motion (ROM) was coded for impairment on one side to her upper extremity and under section E (Behaviors) was coded for not having any behaviors including rejection of care. The comprehensive care plan dated 08/17/20 identified Resident #1 as completely dependent upon staff for transfers from surface to surface. The goal set for Resident #1 is to transfer safely with the assistance of two or more staff members without fall related injuries over the next review period (11/12/20). Some of the interventions the staff would use to accomplish this goal included to transfer safely using the appropriate assistive devices and with two or more staff members. During the initial tour on 09/22/20 at approximately 12:12 p.m., Resident #1 was observed lying in bed eating lunch. On the same day at approximately 1:00 p.m., Surveyor #1 conducted an onsite interview. Resident #1 complained she was not able to get out of bed due to insufficient staff. A phone interview was conducted with Resident #1 on 09/24/20 at approximately 11:34 a.m. Resident #1 said she is not capable of getting out of the bed without the assistance from staff. Resident #1 stated They must use a Hoyer lift to get me up that requires at least three people because of my size. Resident #1 stated, I do not ask them to get me up because if I know the days I'm supposed to get up then staff knows when I should be getting up also. Resident #1 said they should offer to get me up and let me decide if I wanted to get up or stay in bed. Resident #1 stated, I would like to get out of bed even if I have to remain in my room. The review of the facility's Get out of Bed list revealed Resident #1 was scheduled to get out of bed on Tuesday, Thursday, and Saturday. Review of Resident #1's Activities of Daily Living (ADL) Performance Flow Record revealed the following: Resident did not get up on her designated days in September 2020 (9/12, 9/15, 9/17 and 9/24) but was coded as getting up on (09/19 and 09/22.) On 09/25/20 at approximately 10:23 a.m., a phone interview was conducted with Certified Nursing Assistant (CNA) #1, who was assigned to Resident #1 on 09/19/20 and 09/22/20 (7 a.m.-3 p.m. shift.), scheduled days for Resident #1 to get out of bed. When asked if Resident #1 got out of the bed on (09/19 and 09/22/20) she replied, No. She said the Resident #1 refused to get out of bed. When asked, What is your process when a resident refuse to get out of bed she replied, To document and notify the nurse. A phone interview was conducted with CNA #4 on 09/25/20 at approximately 10:30 a.m. The CNA was assigned to Resident #1 on 09/17/20 (7 a.m.-3 p.m. shift), a scheduled day for Resident #1 to get out of bed. When asked if Resident #1 got out of the bed, she replied, I do not recall, I can't remember back that far. The CNA said Resident #1 usually does not want to get up because she is still tired from [MEDICAL TREATMENT]. The surveyor asked, What is your process when a resident refuse to get out of bed she replied, There is no place for us to document their refusal so we have to inform the nurse and the nurse will document the resident's refusal in their nurse's notes. When asked, How do you know when Resident #1 is		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.

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F 0676 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>scheduled to get out of bed she replied, We have a get up list on the unit. 2. The facility staff failed to give Resident #3 the opportunity to get out of bed as tolerated or able on the scheduled days of Monday, Wednesday, and Friday. Resident #3 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Resident #3's Minimum Data Set (an assessment protocol) with an Assessment Reference Date (ARD) of 06/22/20 coded Resident #3 with a 15 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The MDS coded Resident #3 requiring total extensive assistance of one with bed mobility, dressing, toilet use, personal hygiene and bathing and activity did not occur for transfers. In addition, the MDS under Functional Limitation in Range of Motion (ROM) was coded for impairment on both sides to her lower extremities and under section E (Behaviors) was coded for not having any behaviors including rejection of care. The comprehensive care plan dated 09/21/20 identified Resident #3 as unable to transfer from bed to wheel chair without assistance due to weakness related to [MEDICAL CONDITION]. The goal set for Resident #3 is to perform transfers with staff in the next 90 days. Some of the interventions the staff would use to accomplish this goal have Physical and Occupational Therapy (PT/OT) 5 times week for 8 weeks. During the initial tour on 09/22/20, Resident #3 was observed lying in bed eating lunch. On the same day at approximately 12:25 p.m., Surveyor #1 conducted an onsite interview with Resident #3. Resident #3 said she is unable to get out bed due to inadequate staffing. Resident #3 said staff told her the State of Virginia has no quota for nurses to residents. A phone interview was conducted with Resident #3 on 09/23/20 at approximately 12:18 p.m. Resident #3 said I am only here for therapy. She said Physical Therapy (PT) is working with me so I can help build me strength but they do not get me up out of the bed into the wheel chair; they sit me on side of the bed and help me stand with the use of a walker. Resident #3 stated, The staff have to use a Hoyer lift to get me out of bed, but I have not gotten out of bed since I was admitted here. Resident #3 stated, I understand they have staffing problem due to [MEDICAL CONDITION] because the nurses are working as Nursing Assistants (NAs). The surveyor asked, What days are you scheduled to get up and she replied, Tuesday, Thursday and Saturday. The review of the facility's Get out of Bed list revealed Resident #1 is scheduled to get out of bed on Monday, Wednesday and Friday. Review of Resident #3's ADL Performance Flow Record revealed the following: was coded an (8) eight (activity did not occur for transfers) or area was blank for September 2020 (09/02, 09/04, 09/07, 09/09, 09/11, 09/14, 09/16 and 09/18/20) but was coded as getting up on (09/19 and 09/22.) A phone interview was conducted with Certified Nursing Assistant (CNA) #5 on 09/23/20 at approximately 3:51 p.m. The CNA was assigned to Resident #3 on 09/23/20, a scheduled day for Resident #3 to get out of bed. When asked if Resident #3 got out of the bed, she replied, No not today. On 09/24/20 at approximately 1:00 p.m., a phone interview was conducted with CNA #6. The CNA was assigned to Resident #3 on 09/18/20, her scheduled day to get out of bed. When asked, if she got Resident #3 out of the bed she replied, No, I offer but most of the time she will refuse. She said Resident #3 was always in the hallway but Administration did not want her in the hallway. The CNA stated, Resident #3 want to get up on her time; not on our terms. The surveyor asked, What is your process when a resident refuse to get out of bed she replied, To inform the nurse. On 09/25/20 at approximately 11:50 a.m., a phone interview was conducted with PT. She said we currently working with Resident #3 for strength building her lower extremities by allowing her to sit/stand on side of the bed only with the use of a walker. PT was asked if Resident #3 was able to get out of bed into the wheel chair, she replied, There is no reason why Resident #3 cannot get out of bed and the nursing staff will have to use a Hoyer lift for transfers. 3. The facility staff failed to give Resident #4 the opportunity to get out of bed as tolerated or able on her designated days (Monday, Wednesday and Friday). [DIAGNOSES REDACTED]. Resident #4's Minimum Data Set (an assessment protocol) with an Assessment Reference Date (ARD) of 07/07/20 coded Resident #4 with a 14 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The MDS coded Resident #4 requiring total dependence of one with bed mobility, transfer, dressing, toilet use and bathing. In addition, the MDS under Functional Limitation in Range of Motion (ROM) was coded for impairment on both sides to her lower extremity and under section E (Behaviors) was coded for not having any behaviors including rejection of care. The comprehensive care plan was provided which included that Resident #4 required extensive/total dependence with transfers related to weakness and incomplete [MEDICAL CONDITION]. The goal set for Resident #4 was to perform with slide board/stand by assist. Some of the interventions the staff would use to accomplish this goal was to encourage resident to use slide board set-up to promote independence and the use of Sara-lift as needed when unable to use slide board. The comprehensive care plan also included Resident #4 can independently mobilize self in wheel chair. The goal set for Resident #4 was to continue to mobilize independently. Some of the interventions the staff would use to accomplish this goal was to assist with locomotion when needed and to supervise when Resident #4 is locomotion on/off the unit. During the initial tour on 09/22/20, Resident #4 was observed lying bed. On the same day at approximately 12:55 p.m., Surveyor #1 conducted an onsite interview. Resident #4 stated, she is not able to get out of bed because the staff said I need help. Resident said she had gotten herself out of the bed without getting help from the staff but they made me go back into my room and get back in the bed. A phone interview was conducted with Resident #4 on 09/23/20 at approximately 12:18 p.m. Resident #4 stated, Since [MEDICAL CONDITION] started, I have been bedfast and can't do anything about it. She said, I enjoyed getting up in my wheel chair propelling up and down the hallway; that is my exercise. They are short staff and some of the staff will tell me I need to stay in bed, I have not been out of bed for weeks now. The review of the facility's Get out of Bed list revealed Resident #4 is scheduled to get out of bed on Monday, Wednesday and Friday. Review of Resident #4's ADL Performance Flow Record revealed the following: Resident did not get up on the following days in September 2020 (09/02, 09/04, 09/07, 09/09, 09/11, 09/14, 09/16, 09/18, 09/21, 09/23 and 09/25.) A phone interview was conducted with Certified Nursing Assistant (CNA) #5 on 09/23/20 at approximately 3:51 p.m. The CNA was assigned to Resident #4 on 09/23/20, a scheduled day for Resident #4 to get out of bed. When asked if Resident #4 got out of the bed, she replied, No not today. On 09/25/20 at approximately 11:26 a.m., a phone interview was conducted with Staff Development Coordinator (SDC.) The SDC if a resident refuse to get out of bed on her scheduled day, the CNA should inform the nurse so they can make an assessment on why the resident is choosing not to get out of bed on their scheduled day. The SDC asked if she had seen Resident #1 up in her wheel chair, she replied, I have not seen her up in her wheel in the past couple of weeks. When asked, who made the out of bed scheduled, she stated, It was implemented by Administration as a tool for the staff so we could meet the residents needs during this time (COVID-19.) On 09/24/20 at approximately 2:05 p.m., a phone conference was held with the Administrator and Director (DON) of Nursing. The DON stated, The resident can ask to get out of bed, but even if the resident is alert and it's their scheduled day to get out of bed, the staff should ask the resident if they would like to get up. On 9/26/20 at approximately 4:00 p.m., a pre-exit meeting was held with the Administrator and Director of Nursing (DON). The DON was asked, what does it mean if there is an 8 or missing initials on the resident's ADL Performance Flow Record for transfers. The DON replied, The activity did not occur. The Administrator stated, We realize there is a problem with proper charting on the ADL flow record. Definitions: [MEDICAL CONDITION] is paralysis of the lower part of the body, including the legs (https://www.medicinenet.com). Muscles weakness is reduced strength in one or more muscles (https://medlineplus.gov/ency/article/5.htm). Mechanical lift (hoyer lift) used for transfers when a person requires 90-100% assistance to get into and out of bed. A pad fits under the person's body in the bed and connects with chains to the hoyer lift frame (free-foundation.org/hoyer-lifts).</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interviews, and review of facility documents, the facility staff failed to ensure staff physically distanced while distributing the noonday meal trays 9/22/20. The findings included: Staff were observed distributing noonday meal trays on 9/22/20 at approximately 12:20 p.m. Four staff (Licensed Practical Nurse (LPN) #1, LPN #2, Certified Nursing Assistant (CNA) #3 and CNA #2), members walked with the food cart down the corridor distributing trays to residents on Unit 1. The staff walked side by side, not six feet apart as they conversed and served the meal trays. Later a fifth staff also assisted with meal distribution (CNA #1). An interview was conducted with Licensed Practical Nurse (LPN) #1, on 9/25/20 at approximately 12:45 p.m., LPN #1 stated dietary staff brings the food cart to the nurse's station and alert nursing staff the trays are on the unit. The informed nursing staff ensure all other nursing staff are aware so they can resolve any care they were involved in and assist with meal service. LPN #1 further stated, they pass meal trays from the back (higher room numbers) of the hall to the front (lower room numbers) of the hall because the trays are loaded on the food cart from the kitchen in that manner. LPN #1 also stated all direct care nursing staff, approximately 3-5 persons are normally at the food cart as they distribute the trays and that is the way they have always performed the task. LPN #1 had no comment regarding distancing while performing the meal distribution task. On 9/25/20 at approximately 4:00 p.m., the above findings were shared with the Administrator and Director of Nursing. The Director of Nursing stated it's unknown why the staff wasn't distancing during meal distribution for they each had been in-serviced on</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interviews, and review of facility documents, the facility staff failed to ensure staff physically distanced while distributing the noonday meal trays 9/22/20. The findings included: Staff were observed distributing noonday meal trays on 9/22/20 at approximately 12:20 p.m. Four staff (Licensed Practical Nurse (LPN) #1, LPN #2, Certified Nursing Assistant (CNA) #3 and CNA #2), members walked with the food cart down the corridor distributing trays to residents on Unit 1. The staff walked side by side, not six feet apart as they conversed and served the meal trays. Later a fifth staff also assisted with meal distribution (CNA #1). An interview was conducted with Licensed Practical Nurse (LPN) #1, on 9/25/20 at approximately 12:45 p.m., LPN #1 stated dietary staff brings the food cart to the nurse's station and alert nursing staff the trays are on the unit. The informed nursing staff ensure all other nursing staff are aware so they can resolve any care they were involved in and assist with meal service. LPN #1 further stated, they pass meal trays from the back (higher room numbers) of the hall to the front (lower room numbers) of the hall because the trays are loaded on the food cart from the kitchen in that manner. LPN #1 also stated all direct care nursing staff, approximately 3-5 persons are normally at the food cart as they distribute the trays and that is the way they have always performed the task. LPN #1 had no comment regarding distancing while performing the meal distribution task. On 9/25/20 at approximately 4:00 p.m., the above findings were shared with the Administrator and Director of Nursing. The Director of Nursing stated it's unknown why the staff wasn't distancing during meal distribution for they each had been in-serviced on</p>		

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 2)</p> <p>social distancing. The in-service included: while you are our building, there are a few rules and protocols we need to follow. #7 rule read: Maintain social distance while in the building.</p>		