

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VIRGINIA BEACH HEALTHCARE AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1801 CAMELOT DRIVE VIRGINIA BEACH, VA 23454</b>	
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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, resident interview, staff interview, and clinical record review, the facility staff failed to ensure facial coverings/mask were properly in place for 2 of 2 residents (Residents #1 and #2), in the survey sample. The findings included: 1. Resident #1 was originally admitted to the facility 10/23/13 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 4/14/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 4 out of a possible 15. This indicated Resident #1's cognitive abilities for daily decision making were severely impaired. In section G (Physical functioning) the resident was coded as requiring total care of one person with bathing, extensive assistance of two people with bed mobility, transfers, and dressing, extensive assistance of one person with toileting and independent with eating after set-up and independent with wheel chair locomotion. On 6/29/20 at approximately 12:13 p.m., Resident #1 was observed seated in a wheel chair in the hallway. The resident had a facial mask on but it wasn't positioned over the nose and mouth but was under the chin. Resident #1 didn't respond when asked about if the mask was uncomfortable or affected breathing. Several staff members were observed in the hallway as well but no one attempted to assist Resident #1 adjust the facial mask and/or provide education of the mask's benefits. At 12:24 p.m., the resident remained in the same place with the mask beneath the chin and the resident wasn't observed attempting to remove or adjust the mask. Review of Resident #1's care plan revealed prior to the survey a problem wasn't identified with the resident wearing the facial mask however, a care plan was developed 6/29/20 to address the problem but no goal or interventions were present. 2. Resident #2 was originally admitted to the facility 10/10/19 and had not been discharged from the facility. The current [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/8/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #2's cognitive abilities for daily decision making was intact. In section G (Physical functioning) the resident was coded as requiring extensive assistance of one person with bathing, supervision of one person dressing, and transfers. The resident was independent with all other activities of daily living. On 6/29/20 at approximately 12:18 p.m., Resident #2 was observed seated in a wheel chair in the hallway. The resident had a facial mask on but it wasn't positioned over the nose. Resident #2 stated I didn't know it had to cover the nose, can you help me fix it? Licensed Practical Nurse (LPN) #1 was observed at the medication cart near the nurse's station. She was informed that Resident #2 desired assistance with the facial mask. An interview was conducted with LPN #1 at approximately 12:30 p.m. LPN #1 stated Resident #2's mask was on upside down (the metal adjuster was beneath the chin) instead of over the bridge of the nose to aid the mask to stay up. Review of Resident #2's care plan revealed prior to the survey a problem wasn't identified with the resident wearing the facial mask however, a care plan was developed 6/29/20 to address the problem but no goal or interventions were present. Further review of the facility's documents revealed one resident on the unit with the above two residents was on barrier precautions for rejection of testing for the COVID-19 virus. On 6/30/20 at approximately 10:10 a.m., the above findings were shared with the Administrator, Director of Nursing Assistant Director of Nursing and the Staff Development Coordinator. The Administrator stated for a building with 160 residents, two without a mask on while out of their rooms should not be a problem. The care plans for the two residents was provided for review.</p>		

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.