Printed: 05/18/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 Forest Ave Richmond, VA 23226	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	records. 32642 Based on staff interview, facility do evidence the provision of medical r sample, Resident #6. The findings include: For Resident #6 (R6), the facility st resident was discharged. A review of R6's clinical record rev On 9/27/24 at 10:32 a.m., OSM (ot was the former discharge planner, she has heard from R6 many times discharge documentation. She admobtain from the discharge paperworecord) to a discharged resident's onursing team has access to. Becau administrator and to ASM (adminis This is why I have asked multiple pabout this concern was with ASM # received the information he requesed the information he had reinformation to R6 by mail. ASM #2 On 9/30/24 at 5:22 p.m., ASM #2 They stated they could not locate as	legal representative access or purchase accument review, and clinical record revieweds to a discharged resident for one that failed to provide the resident with resealed the resident was discharged from the staff member) #5, the clinical liaison and was working in that capacity when a since his discharge, and the resident north, and that she does not have access clinical information. She added: I don't use of this, she stated she has elevated strative staff member) #2, the director of the provided to get the information to [R6]. She was interviewed. She stated she was of quested. She stated she thought the forwas asked to provided evidence that the requested record stated the facility did not have a policy residence that the requested record stated the facility did not have a policy residence.	ew, the facility staff failed to e of 24 residents in the survey equested medical records after the in the facility on 8/6/24. In, was interviewed. She stated she is R6 was at the facility. She stated is requesting a copy of all of his formation the resident was trying to in the EMR (electronic medical have access to the same things the it this request to the former finursing, many times. She added: the stated the last conversation is know whether or not R6 ever if the understanding that R6 had rimer administrator had sent the ne records had been sent to R6. Were informed of these concerns. Is had been mailed to R6.

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 495227

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZI 7300 Forest Ave Richmond, VA 23226	P CODE
For information on the nursing home's p	plan to correct this deficiency, please con	l tact 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)		ion)
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	No further information was provided	d prior to exit.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROMPTS OF SURPLIES		D CODE	
		STREET ADDRESS, CITY, STATE, ZI 7300 Forest Ave	PCODE	
Westport Rehabilitation and Nursin	ig Center	Richmond, VA 23226		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0580	Immediately tell the resident, the re etc.) that affect the resident.	esident's doctor, and a family member of	of situations (injury/decline/room,	
Level of Harm - Minimal harm or potential for actual harm	32642			
Residents Affected - Some	Based on staff interview, facility document review, and clinical record review, the facility staff failed to notify the provider (physician and/or nurse practitioner) of missed doses of medication for one of 24 residents in the survey sample, Resident #24.			
	The findings include:			
	For Resident #24 (R24), the facility (1) and Triumeq (2) in August and	staff failed to notify the provider of mu September 2024.	Itiple missed doses of Azithromycin	
	A review of R24's clinical record revealed the following orders: 8/22/24 Azithromycin Oral Tablet 500 mg (milligrams) Give 1 tablet by mouth one time a day related to Disseminated Mycobacterium Avium-Intracellulare Complex (DMAC) (3).			
	8/22/24 Triumeq Oral Tablet (3) 600-50-300 mg .Give 1 tablet by mouth one time a day related to Human Immunodeficiency Virus (HIV) disease.			
	A review of R24's September 2024 MAR (medication administration records) and pharmacy manifests revealed the Azithromycin was not available from the pharmacy between 9/1/24 and 9/5/24, and was not administered to R24 on those dates.			
	Further review of R24's August and September 2024 MARs and pharmacy manifests revealed the Triumeq was not available from the pharmacy from 8/23/24 through 9/14/24, and was not administered during this time.			
		evealed no notification of the missed do except 8/26/24, 9/1/24, 9/2/24, and 9/7/		
	On 9/30/24 at 2:14 p.m., ASM (administrative staff member) #2, the director of nursing, was in verified that the Azithromycin and Triumeq were not administered to R24 on the dates indicate stated when a dose is missed, the provider should be notified, and new orders given. She stated aware of any response from the provider about the missing doses. On 9/30/24 at 3:13 p.m., LPN (licensed practical nurse) #1 was interviewed. She stated if a direction is missed, the provider (either physician or nurse practitioner) should be notified salternate plan can be made for the resident. She stated the provider's response should be do clinical record.			
	On 9/30/24 at 5:22 p.m., ASM #2 a	nd ASM #1, the acting administrator, w	vere informed of these concerns.	
	(continued on next page)			
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NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZI	P CODE
Westport Rehabilitation and Nursir			P CODE
Westport Renabilitation and Nursii	ig Gentei	7300 Forest Ave Richmond, VA 23226	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/30/24 at 5:30 p.m., ASM #1 a plan revealed, in part: An audit by I An Audit by the DON or designee to corrected with medication process designee to the Licensed Nurses of medications for administration per alternative med if able, pharmacy reapplicable, if no alternative obtain MD order to hold and give we Administrator, pharmacy will send I administration with professional state Manager or designee weekly x 4 were sidents' medications are available medication. Findings will be correct review and discussion to ensure suno longer exists, then review will be provided credible evidence the education of the facility policy, Gene consecutive doses, or in accordance available, the physician is notified. No further information was provided References (1) Azithromycin is used to treat ce transmitted diseases (STD); and in Azithromycin also is used to treat ce type of lung infection that often affer a class of medications called macro information is taken from the websit (2) The combination of abacavir, do to treat HIV infection in certain adulamivudine will not cure HIV, these immunodeficiency syndrome (AIDS information is taken from the websit (3) Disseminated Mycobacterium a common opportunistic infections see	and ASM #2 presented a plan of correct DON or designee to verify residents with o verify medications ordered are availated followed. Education by the SDC (staff or notification following the processes for medication physician order, use of Omnicell, MD notification to use back up pharmacy and when available, if prior authorization /applimited quantity until approved by DON andards of documentation accurate to a eeks to verify new admits residents or the eas ordered with accurate documentated. The results will be reported to the results are completed on a random basis. Date of the complete of the provided prior to entrange and Guidelines for Medication Administrate with facility policy, of a vital medication Nursing documents the notification and	ion dated 9/24/24. A review of this h HIV medications have available. ble for the resident, Findings will be development coordinator) or in unavailability, obtaining resident offication with consideration for id/or alternative to inform MD if proval is required by DON or or Administrator, medication idministration. Audits by the Unit changes in ion of administration of the monthly Quality Committee for mmittee determines the problem of complaince 9/25/24. The facility face, as alleged. Faction, revealed, in part: If 3 on are withheld, refused, or not a physician response. Schittis; pneumonia; sexually in, throat, and reproductive organs. In a avium complex (MAC) infection [a necy virus (HIV)]. Azithromycin is in the growth of bacteria. This index/a697037.html. The or along with other medications ough abacavir, dolutegravir, and the of developing acquired rious infections or cancer. This index/a617015.html. The ortion is one of the relatively IDS patients. This information is

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NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZI 7300 Forest Ave	P CODE	
	when to connect this deficiency whose con-	Richmond, VA 23226		
	plan to correct this deficiency, please con	tact 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 0655 Level of Harm - Minimal harm or potential for actual harm	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32642			
Residents Affected - Few	Based on staff interview, clinical record review, and facility document review, the facility staff failed to provide a resident with a written summary of the baseline care plan for one of 24 residents in the survey sample, Resident #1.			
	The findings include:			
		nitted on [DATE], the facility failed to pd a written copy of the baseline care pl		
	A review of R1's clinical record revealed a care plan that was initiated at the time of R1's admission to the facility on [DATE]. Further review of the clinical record failed to reveal evidence that a written summary of the baseline care plan was ever provided to the resident or his RP.			
	On 9/27/24 at 10:32 a.m., OSM (other staff member) #5, the former admissions director and current clinical liaison, was interviewed. She stated she is aware that a baseline care plan is initiated on admission by nursing staff, but she was not aware or a part of any process to provide the residents/RPs with a written summary of the baseline care plan.			
	participates in a jumpstart meeting including nursing, dining, therapy, s	:12 p.m., OSM #2, the social worker, was interviewed. She stated the interdisciplinary team a jumpstart meeting to go over the plan of care for each resident according to disciplines, and, dining, therapy, social services, and activities. She stated she is not sure whose is to provide the written summary to the resident/RP, but she has never been instructed to do		
	On 9/30/24 at 5:22 p.m., ASM (adn director of nursing, were informed of	ninistrative staff member) #1, the acting of these concerns.	g administrator, and ASM #2, the	
	1	nission Assessment, and Admitting a F baseline care plan being given to resid		
	No further information was provided	d prior to exit.		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete that can be measured. 32642 Based on resident interview, staff in staff failed to develop and/or implete sample, Residents #24 and #20. The findings include: 1. For Resident #24 (R24), the faci medications to treat advanced HIV. A review of R24's comprehensive of HIV. medications as ordered. A review of R24's clinical record resident (milligrams) (1) Give 1 tablet by mode Avium-Intracellulare Complex (DM/ 8/22/24 Triumeq Oral Tablet (3) 60 Immunodeficiency Virus (HIV) dise. A review of R24's September 2024 revealed the Azithromycin was not administered to R24 on those dates. Further review of R24's August and was not available from the pharmatime. On 9/30/24 at 2:14 p.m., ASM (administered that the Azithromycin and Tom 9/30/24 at 3:19 p.m., LPN (licer care plan is for everyone to know weresident's needs. She stated the uron the care plan, and it is up to everyone.	e care plan that meets all the resident's interview, facility document review, and ment the comprehensive care plan for the lity staff failed to implement the compre (human immunodeficiency virus). Eare plan updated 9/28/24 revealed, in eare plan updated 9/28/24 revealed, in eare plan updated to Dissemir AC) (2). O-50-300 mg .Give 1 tablet by mouth of ase. MAR (medication administration record available from the pharmacy between	clinical record review, the facility two of 24 residents in the survey chensive care plan to administer part: The resident has an infection, cithromycin Oral Tablet 500 mg nated Mycobacterium ne time a day related to Human ds) and pharmacy manifests 9/1/24 and 9/5/24, and was not y manifests revealed the Triumeq vas not administered during this cor of nursing, was interviewed. She on the dates indicated above. ed. She stated the purpose of a there have been any changes in the ture the staff know what is included t.

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Westport Rehabilitation and Nursin	g Center	7300 Forest Ave Richmond, VA 23226	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656 Level of Harm - Minimal harm or potential for actual harm	A review of the facility policy, Care Planning, revealed, in part: A licensed nurse, in coordination with the interdisciplinary team, develops and implements an individualized care plan for each patient in order to provide effective, person-centered care, and the necessary health-related care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being of the patient.		
Residents Affected - Some	No further information was provided	d prior to exit.	
	 (1) Azithromycin is used to treat certain bacterial infections, such as bronchitis; pneumonia; sexually transmitted diseases (STD); and infections of the ears, lungs, sinuses, skin, throat, and reproductive organ Azithromycin also is used to treat or prevent disseminated Mycobacterium avium complex (MAC) infection type of lung infection that often affects people with human immunodeficiency virus (HIV)]. Azithromycin is a class of medications called macrolide antibiotics. It works by stopping the growth of bacteria. This information is taken from the website https://medlineplus.gov/druginfo/meds/a697037.html. (2) Disseminated Mycobacterium avium-intracellulare complex (MAC) infection is one of the relatively common opportunistic infections seen in severely immunocompromised AIDS patients. This information is taken from the website https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5692144/. (3) The combination of abacavir, dolutegravir, and lamivudine is used alone or along with other medication to treat HIV infection in certain adults and children 3 months or older. Although abacavir, dolutegravir, and lamivudine will not cure HIV, these medications may decrease your chance of developing acquired immunodeficiency syndrome (AIDS) and HIV-related illnesses such as serious infections or cancer. This information is taken from the website https://medlineplus.gov/druginfo/meds/a617015.html. 		
	For Resident #20, the facility sta (continuous positive air pressure) (ff failed to develop a care plan for sleep 1) machine.	o apnea and the use of a CPAP
	On 9/26/24 at 4:35 p.m., R20 was i sleeping.	nterviewed. She stated has sleep apne	ea and uses a CPAP at night for
A review of R20's physician orders revealed the following orders dated 8/28/22: CPAP F Humidity: 4 Pressure Relief . *Use sterile water only* at bedtime related to OBSTRUCTI (ADULT) .Apply CPAP .CPAP Pressure: 12 Humidity: 4 Pressure Relief .*Use sterile water only and evening shift. for napping related to OBSTRUCTIVE SLEEP APNEA (ADULT).			OBSTRUCTIVE SLEEP APNEA Use sterile water only* every day
		eare plan dated 2/13/21 and most recers obstructive sleep apnea or CPAP use	• •
		nsed practical nurse) #5, a unit manage dent's care plan because it is necessar	
		ninistrative staff member) #2, the direct are should be given for each resident. So ne resident's care plan.	
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Richmond, VA 23226			
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656	On 9/30/24 at 5:22 p.m., ASM #2 and ASM #1, the acting administrator, were informed of these concerns.		
Level of Harm - Minimal harm or potential for actual harm	No further information was provided Reference	d prior to exit.	
Residents Affected - Some	breathing airways open .lt involves your nose or your nose and mouth, machine's motor, and a motor that	way Pressure) is a treatment that uses using a CPAP machine that includes a straps to position the mask, a tube that blows air into the tube. CPAP is used this information is taken from the websit	n mask or other device that fits over at connects the mask to the o treat sleep-related breathing

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		STREET ADDRESS, CITY, STATE, ZI 7300 Forest Ave	PCODE	
Westport Rehabilitation and Nursin	g Center	Richmond, VA 23226		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0658	Ensure services provided by the nu	ursing facility meet professional standar	rds of quality.	
Level of Harm - Minimal harm or potential for actual harm	32642			
Residents Affected - Some	Based on staff interview, clinical record review, and facility document review, the facility staff failed to follow professional standards of practice for the administration of medications for one of 24 residents in the survey sample, Resident #24.			
	The findings include:			
	For Resident #24 (R24), the facility hand to be administered.	inaccurately documented a medication	n was given when it was not on	
	A review of R24's clinical record revealed the following orders: 8/22/24 Azithromycin Oral Tablet (1) 500 mg (milligrams) Give 1 tablet by mouth one time a day related to Disseminated Mycobacterium Avium-Intracellulare Complex (DMAC) (2).			
	8/22/24 Triumeq Oral Tablet (3) 600-50-300 mg .Give 1 tablet by mouth one time a day related to Human Immunodeficiency Virus (HIV) disease.			
	A review of R24's September 2024 MAR (medication administration records) revealed the Azithromycin was not available from the pharmacy between 9/2/24 and 9/5/24. However, on 9/2/24 and 9/3/24, the facility staff documented on the MAR that the medication had been administered to R24.			
	Further review of R24's August and September 2024 MARs revealed the Triumeq was not available from the pharmacy from 8/23/24 through 9/14/24. However, on 8/25/24, 8/27/24, 8/28/24, 8/30/24, 8/31/24, 9/1/24, 9/6/24, 9/9/24, 9/10/24, 9/11/24, and 9/12/24, the facility staff documented on the MAR that the medication had been administered to R24.			
	On 9/30/24 at 2:14 p.m., ASM (administrative staff member) #2, the director of nursing, was verified that the Azithromycin and Triumeq were not available for administration to R24 on the indicated above. She stated she became aware of the medication availability concerns when nurses brought it to her attention. She agreed the Triumeq was not administered between 8 9/13/24 on those dates when the MAR was signed to indicate it had been administered. She Azithromycin was not administered on 9/2/24 and 9/3/24, despite the MAR documentation of On 9/30/24 at 3:13 p.m., LPN (licensed practical nurse) #1 was interviewed. She stated if a available for administration to a resident, the nurse should follow the facility's protocol of che Omnicell (common medications available for residents), and then calling the pharmacy. She against professional nursing standards to document that a nurse has administered a medical he/she has actually not administered it.			
	On 9/30/24 at 5:22 p.m., ASM #2 a	nd ASM #1, the acting administrator, w	vere informed of these concerns.	
		delines for Medication Administration, to medications that were not given.	failed to reveal any information	
	(continued on next page)			

AND PLAN OF CORRECTION A NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Co For information on the nursing home's plan (X4) ID PREFIX TAG SI (E) F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some (C) (C) (C) (C) (C) (C) (C) (C	X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
For information on the nursing home's plan (X4) ID PREFIX TAG F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some (2)	195227	A. Building B. Wing	COMPLETED 09/30/2024
(X4) ID PREFIX TAG F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some tr A ty a ir (2	NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Center		P CODE
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some (1) (2) (2) (3)	to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some tr A ty a ir	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
to la ir	No further information was provided References 1) Azithromycin is used to treat ceransmitted diseases (STD); and in Azithromycin also is used to treat of the second of t		chitis; pneumonia; sexually n, throat, and reproductive organs. avium complex (MAC) infection [a new virus (HIV)]. Azithromycin is in the growth of bacteria. This ds/a697037.html. In the ction is one of the relatively IDS patients. This information is 22144/. The or along with other medications ough abacavir, dolutegravir, and the of developing acquired the control of the relatively infections or cancer. This

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Westport Rehabilitation and Nursir			F CODE
Westport Nerrabilitation and Nursii	ig Certiei	7300 Forest Ave Richmond, VA 23226	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0755	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the service licensed pharmacist.		
Level of Harm - Minimal harm or potential for actual harm	32642		
Residents Affected - Some	1	cument review, and clinical record revieus to one of 24 residents in the survey	
	The findings include:		
	For Resident #24 (R24), the facility administration in August and Septe	pharmacy failed to provide Azithromyomber 2024.	cin (1) and Triumeq (2) for
	A review of R24's clinical record revealed the following orders: 8/22/24 Azithromycin Oral Tablet 500 mg (milligrams) Give 1 tablet by mouth one time a day related to Disseminated Mycobacterium Avium-Intracellulare Complex (DMAC) (3). 8/22/24 Triumeq Oral Tablet (3) 600-50-300 mg .Give 1 tablet by mouth one time a day related to Human Immunodeficiency Virus (HIV) disease. A review of R24's September 2024 MAR (medication administration records) and pharmacy manifests revealed the Azithromycin was not available from the pharmacy between 9/1/24 and 9/5/24.		
	Further review of R24's August and was not available from the pharma	d September 2024 MARs and pharmac cy from 8/23/24 through 9/14/24.	y manifests revealed the Triumeq
On 9/30/24 at 2:14 p.m., ASM (administrative staff member) #2, the director of nursing verified that the Azithromycin and Triumeq were not available for administration to R24 indicated above. She stated she became aware of the medication availability concerns nurses brought it to her attention. She added: The process to obtain the medication was stated if a resident is being admitted with any medications that are unusual, the admiss and/or nurses should notify management. She stated the pharmacy is also responsible management if an unusual and/or expensive medication is order. She stated that, at so some understanding by some staff members that the family would be providing the me family did not do this. She stated both pharmacy and facility staff dropped the ball. On 9/30/24 at 3:13 p.m., LPN (licensed practical nurse) #1 was interviewed. She stated available for administration to a resident, the nurse should follow the facility's protocol of Omnicell (common medications available for residents), and then calling the pharmacy provider (either physician or nurse practitioner) should be notified so that an alternate provider that the resident.			ration to R24 on the dates ility concerns when one of the nedication was not followed. She al, the admissions staff member or responsible for notifying ted that, at some point, there was riding the medication; however, the
			ty's protocol of checking the he pharmacy. She stated the
	On 9/30/24 at 5:22 p.m., ASM #2 a	nd ASM #1, the acting administrator, w	vere informed of these concerns.
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZI 7300 Forest Ave Richmond, VA 23226	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/30/24 at 5:30 p.m., ASM #1 a plan revealed, in part: An audit by IAn Audit by the DON or designee to corrected with medication process designee to the Licensed Nurses of medications for administration per alternative med if able, pharmacy rapplicable, if no alternative obtain I is required by DON or Administration. Audits by the Unit IA changes in residents' medications at the medication. Findings will be considered and discussion to ensure sund longer exists, then review will be provided credible evidence the education with a current, active or medication with a current, active or medication cart, medication room, cannot be located after further investment of loca	and ASM #2 presented a plan of correct DON or designee to verify residents with overify medications ordered are available followed. Education by the SDC (staff on following the processes for medication physician order, use of Omnicell, MD notification to use back up pharmacy and MD order to hold and give when available or, pharmacy will send limited quantity or attion with professional standards of do Manager or designee weekly x 4 weeks are available as ordered with accurate prected. The results will be reported to a substantial compliance. Once the QA Core completed on a random basis. Date of a cation had been provided prior to entrangeral Guidelines for Medication Administrater cannot be located in the medication and facility (e.g. other units) are search estigation, the pharmacy is contacted on	tion dated 9/24/24. A review of this th HIV medications have available, able for the resident, Findings will be development coordinator) or on unavailability, obtaining resident notification with consideration for ad/or alternative to inform MD if obe, if prior authorization /approval until approved by DON or ocumentation accurate to to verify new admits residents or documentation of administration of the monthly Quality Committee for ommittee determines the problem of complaince 9/25/24. The facility ance, as alleged. Tration, revealed, in part: If a n cart/drawer, other areas of the need, if possible. If the medication or medication removed from the medication removed from the chitis; pneumonia; sexually in, throat, and reproductive organs. In avium complex (MAC) infection [a new virus (HIV)]. Azithromycin is in the growth of bacteria. This ds/a697037.html. The or along with other medications ough abacavir, dolutegravir, and one of developing acquired arious infections or cancer. This ds/a617015.html. The ection is one of the relatively along the summary of the summary of the relatively along patients. This information is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF DROVIDED OR SURDIJED		STREET ADDRESS, CITY, STATE, ZI	D CODE
NAME OF PROVIDER OR SUPPLIER		7300 Forest Ave	PCODE
Westport Rehabilitation and Nursing Center		Richmond, VA 23226	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0759	Ensure medication error rates are r	not 5 percent or greater.	
Level of Harm - Minimal harm or potential for actual harm	32642		
Residents Affected - Some	Based on staff interview, facility document review, and clinical record review, the facility staff failed to administer medications as ordered, resulting in significant medication errors, to one of 24 residents in the survey sample, Resident #24.		
	The findings include:		
	(//	pharmacy failed to administer Azithron mber 2024, resulting in multiple signific	
	A review of R24's clinical record revealed the following orders: 8/22/24 Azithromycin Oral Tablet 500 mg (milligrams) Give 1 tablet by mouth one time a day related to Disseminated Mycobacterium Avium-Intracellulare Complex (DMAC) (3).		
	8/22/24 Triumeq Oral Tablet (3) 600-50-300 mg .Give 1 tablet by mouth one time a day related to Human Immunodeficiency Virus (HIV) disease.		
	A review of R24's September 2024 MAR (medication administration records) and pharmacy manifests revealed the Azithromycin was not available from the pharmacy between 9/1/24 and 9/5/24, and was not administered to R24 on those dates.		
	Further review of R24's August and September 2024 MARs and pharmacy manifests revealed the Triumeq was not available from the pharmacy from 8/23/24 through 9/14/24, and was not administered during this time.		
	verified that the Azithromycin and I stated she became aware of the m attention. She added: The process being admitted with any medication notify management. She stated the and/or expensive medication is ord	ninistrative staff member) #2, the direct friumed were not administered to R24 dedication availability concerns when on to obtain the medication was not follow as that are unusual, the admissions staff pharmacy is also responsible for notify ler. She stated that, at some point, there would be providing the medication; ho dility staff dropped the ball.	on the dates indicated above. She the of the nurses brought it to her wed. She stated if a resident is ff member and/or nurses should wing management if an unusual the was some understanding by
	available for administration to a res Omnicell (common medications ava	nsed practical nurse) #1 was interviewe sident, the nurse should follow the facilit ailable for residents), and then calling the practitioner) should be notified so that a	ty's protocol of checking the he pharmacy. She stated the
	On 9/30/24 at 5:22 p.m., ASM #2 a	nd ASM #1, the acting administrator, w	ere informed of these concerns.
	(continued on next page)		
	I .		

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 Forest Ave Richmond, VA 23226	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	AG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	plan revealed, in part: An audit by I An Audit by the DON or designee to corrected with medication process designee to the Licensed Nurses of medications for administration per alternative med if able, pharmacy rapplicable, if no alternative obtain I is required by DON or Administration. Administration. Audits by the Unit In Changes in residents' medications at the medication. Findings will be considered and discussion to ensure sund longer exists, then review will be provided credible evidence the education with a current, active or medication with a current, active or medication cart, medication room, cannot be located after further investments and the information was provided. References (1) Azithromycin is used to treat cetransmitted diseases (STD); and in Azithromycin also is used to treat cetransmitted diseases (STD); and in Azithromycin also is used to treat cetransmitted diseases (STD); and in Azithromycin is taken from the websit (2) The combination of abacavir, do to treat HIV infection in certain adulamivudine will not cure HIV, these immunodeficiency syndrome (AIDS information is taken from the websit (3) Disseminated Mycobacterium a common opportunistic infections see	and ASM #2 presented a plan of correct DON or designee to verify residents with overify medications ordered are available followed. Education by the SDC (staff on following the processes for medication physician order, use of Omnicell, MD notification to use back up pharmacy and MD order to hold and give when available or, pharmacy will send limited quantity of the process of the available as ordered with accurate the available as ordered with accurate the available as ordered with accurate the category of the process of the QA Code completed on a random basis. Date of the process of the process of the pharmacy is contacted on the pharmacy is con	th HIV medications have available. Able for the resident, Findings will be development coordinator) or on unavailability, obtaining resident portication with consideration for an unavailability, obtaining resident portication with consideration for an unavailability, obtaining resident portication with consideration for an unavailability, obtaining resident portication alternative to inform MD if oble, if prior authorization /approval until approved by DON or occumentation accurate to consider the world of administration of administration of the monthly Quality Committee for ammittee determines the problem of complaince 9/25/24. The facility ance, as alleged. Tration, revealed, in part: If a notart/drawer, other areas of the need, if possible. If the medication or medication removed from the chitis; pneumonia; sexually in, throat, and reproductive organs. In avium complex (MAC) infection [a necy virus (HIV)]. Azithromycin is in the growth of bacteria. This ds/a697037.html. The or along with other medications ough abacavir, dolutegravir, and one of developing acquired controls infections or cancer. This ds/a617015.html. The ection is one of the relatively along patients. This information is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	495227	B. Wing	09/30/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westport Rehabilitation and Nursing Center		7300 Forest Ave Richmond, VA 23226		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0803 Level of Harm - Minimal harm or	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.			
potential for actual harm	32642			
Residents Affected - Few		ew, facility document review, and clinicate menu for three of 24 residents in the		
	The findings include:			
	1. For Resident #21 (R21), the facility staff failed to serve food according to the established menu at dinner on 9/26/24 and breakfast on 9/27/24.			
	On 9/26/24 at 5:04 p.m., R21 was observed sitting in bed. CNA (certified nursing assistant) #2 was feeding the resident. The resident's meal tray contained chicken and carrots. The posted menu for dinner on 9/26/24 was honey mustard chicken, orzo, and California blend vegetables. No California blend vegetables or orzo were visible on the plate.			
	On 9/27/24 at 8:33 a.m., R21 was observed sitting up in her bed. CNA #4 was preparing to feed R21 breakfast. The resident's plate contained mechanically chopped sausage, pancakes, and oatmeal. The posted menu for breakfast on 9/27/24 was Belgian waffle with topping and bacon strips.			
	On 9/27/24 at 10:07 a.m., OSM (other staff member) #3, a dietary director at a sister facility, was interviewed. She stated: We have a menu in place. Meal tickets should match the menu, and the food on the tray should match the menu. She stated if a resident wants an alternate from what is listed on the menu, the resident or staff may contact the kitchen and make a request. She stated she was not sure what process the facility was following for preparing food according to the established menu at dinner on 9/26/24 or breakfast on 9/27/24. She added: The food on the tray did not match the menu.			
	On 9/30/24 at 5:22 p.m., ASM (administrative staff member) #1, the acting administrator, and ASM #2, the director of nursing, were informed of these concerns.			
	who choose to make their own mer cannot make their own choices. 1. name, room number and diet, and delivery of menus and in menu sele assist when needed. Menus will be 3. The director of food and nutrition therapeutic diets, and refer to the room the therapeutic diets, and refer to the room the room of th	th Menus, revealed, in part: Select menus elections. Assistance from family on Food and nutrition services staff will laid deliver the menus. 2. Nursing and/or of ection as deemed necessary. Family many menus are turned to the department of food and a services or designee will review menus egistered dietitian nutritionist (RDN) or diet and will document accordingly in the laid regarding nutritional interventions that ing high calorie/protein supplements of	r staff is encouraged for those who bel menus with the individual's ther facility staff may assist in the embers will be encouraged to d nutrition services when complete. It is selections for individuals on designee if there are concerns. a. hoices for their therapeutic diets to the medical record. The RDN or at are acceptable (i.e. milkshake,	
	No further information was provided prior to exit.			
	(continued on next page)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 Forest Ave Richmond, VA 23226	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 9/26/24 at 5:06 p.m., R22 was chicken and carrots. The posted m California blend vegetables. No SM (other interviewed. She stated: We have a tray should match the menu. She stated: We have a statistic breakfast on 9/27/24. She added: The food of the color of th	observed sitting in bed eating dinner. The enuror for dinner on 9/26/24 was honey multifornia blend vegetables or orzo were sobserved sitting up in her bed. The resists on 9/27/24 was Belgian waffle with the staff member) #3, a dietary director a menu in place. Meal tickets should mustated if a resident wants an alternate food according to the established menuror the tray did not match the menu. Ininistrative staff member) #1, the acting of these concerns. It dity staff failed to serve food according to the staff member) #3, a dietary director as and bacon. The posted menuror for breasts. The resident wants an alternate for the and make a request. She stated food according to the established menuror that and make a request. She stated food according to the established menuror the tray did not match the menu. Ininistrative staff member) #1, the acting of these concerns.	the resident's meal tray contained nustard chicken, orzo, and visible on the plate. Ident's plate contained toast and topping and bacon strips. In at a sister facility, was atch the menu, and the food on the rom what is listed on the menu, the she was not sure what process the u at dinner on 9/26/24 or breakfast In a daministrator, and ASM #2, the strength of the menu at was feeding the resident breakfast. The area at a sister facility, was atch the menu, and the food on the rom what is listed on the menu, the she was not sure what process the u at dinner on 9/26/24 or breakfast.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED	
	495227	B. Wing	09/30/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westport Rehabilitation and Nursing Center		7300 Forest Ave Richmond, VA 23226		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0804	Ensure food and drink is palatable,	attractive, and at a safe and appetizing	g temperature.	
Level of Harm - Minimal harm or potential for actual harm	32642			
Residents Affected - Few		ew, facility document review, and clinica ree of 24 residents in the survey sampl		
	The findings include:			
	1. For Resident #21 (R21), the facility staff failed to serve carrots at a palatable texture and temperature at dinner on 9/26/24, and failed to serve toast and oatmeal at a palatable texture and temperature at breakfast on 9/27/24.			
	On 9/26/24 at 5:04 p.m., R21 was observed sitting in bed. CNA (certified nursing assistant) #2 was feeding the resident. The resident's meal tray contained chicken and carrots. CNA #2 was observed to attempt to cut the resident's carrots into smaller pieces before feeding them to her. CNA #2 was unable to cut the carrots with a fork or knife. CNA #2 said: These carrots are so hard I can't cut them. CNA #2 stated the carrots were cold to her touch.			
	On 9/27/24 at 8:33 a.m., R21 was observed sitting up in her bed. CNA #4 was preparing to feed R21 breakfast. The resident's plate contained pancakes and oatmeal. CNA #4 stated: These pancakes are hard; they are hard to cut with a knife. She also reported that the pancakes and oatmeal were both cool to her touch. She added: The food comes like this all the time.			
	interviewed. She stated the cooks a kitchen to go out on resident trays. cooking. She stated she was not co	OSM (other staff member) #3, a dietary director at a sister facility, was e cooks and dietary managers should always taste food before it leaves the ent trays. She said: When I check a meal, I taste it. All cooks should be tasting their ras not certain of this facility's process for making sure the food was served at a id not know how long the food sat in the dining carts on the units before staff had e the meal trays to the residents.		
	On 9/30/24 at 5:22 p.m., ASM (administrative staff member) #1, the acting administrator, and ASM #2, the director of nursing, were informed of these concerns.			
	assure safe, palatable, and high que staff will notify the appropriate staff deliver the carts to the wings. Nurs	y, Timely Meal Service, revealed, in part: Food will be delivered promptly to high quality food served at the proper temperature .Food and nutrition services ate staff as each cart is ready for delivery. Food and nutrition services staff will s. Nursing or food and nutrition services staff will return the carts to the kitchen y policy .Food will be served at preferable temperatures (hot food hot and cold		
	discerned by the patients/residents and customary practice.			
	No further information was provided prior to exit.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZI	P CODE
		Richmond, VA 23226	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 2. For Resident #22 (R22), the facility staff failed to serve carrots at a palatable texture and temperature at dinner on 9/26/24, and failed to serve toast at a palatable texture and temperature at breakfast on 9/27/24. On 9/26/24 at 5:06 p.m., R22 was observed sitting in bed eating dinner. The resident's meal tray contained carrots. R22 was observed to have difficulty biting the carrots. CNA (certified nursing assistant) #2, who was feeding R22's roommate, said: These carrots are so hard, I can't cut them. CNA #2 stated the carrots were cold to her touch. On 9/27/24 at 8:18 a.m., R22 was observed sitting up in her bed. The resident's plate contained toast and eggs. CNA #3 was assisting the resident by setting up her breakfast tray. CNA #3 stated: This toast is hard as a brick. It is cold. On 9/27/24 at 10:07 a.m., OSM (other staff member) #3, a dietary director at a sister facility, was interviewed. She stated the cooks and dietary managers should always taste food before it leaves the kitchen to go out on resident trays. She said: When I check a meal, I taste it. All cooks should be tasting their cooking. She stated she was not certain of this facility's process for making sure the food was served at a palatable taste, and she did not know how long the food sat in the dining carts on the units before staff had the opportunity to distribute the meal trays to the residents. On 9/30/24 at 5:22 p.m., ASM (administrative staff member) #1, the acting administrator, and ASM #2, the director of nursing, were informed of these concerns. 		
	No further information was provided prior to exit.		
	3. For Resident #23 (R23), the facility staff failed to serve oatmeal at a palatable temperature at breakfast on 9/27/24.		
	The resident's tray contained oatme	observed sitting up in her bed. CNA #3 eal. CNA #3 stated: She doesn't have i int of oatmeal into an empty nearby cu	milk in this oatmeal, and it is still
	interviewed. She stated the cooks a kitchen to go out on resident trays. cooking. She stated she was not co	her staff member) #3, a dietary director and dietary managers should always ta She said: When I check a meal, I taste ertain of this facility's process for makin ow how long the food sat in the dining of al trays to the residents.	aste food before it leaves the att. All cooks should be tasting their ag sure the food was served at a
	On 9/30/24 at 5:22 p.m., ASM (administrative staff member) #1, the acting administrator, and ASM #2, the director of nursing, were informed of these concerns.		g administrator, and ASM #2, the
	No further information was provided	d prior to exit.	

(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	A. Building	09/30/2024	
495227	B. Wing	03/30/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Westport Rehabilitation and Nursing Center			
plan to correct this deficiency, please con-	tact the nursing home or the state survey	agency.	
SUMMARY STATEMENT OF DEFICIENCIES			
(Each deficiency must be preceded by	full regulatory or LSC identifying informati	on)	
Ensure each resident receives and	the facility provides food that accomm	odates resident allergies,	
intolerances, and preferences, as w	vell as appealing options.		
32642			
according to the residents' preferer and #23.	nces for three of 24 residents in the sur	vey sample, Residents #21, #22,	
The findings include:			
1. For Resident #21 (R21), the facility staff failed to serve food according to the resident's preferences at dinner on 9/26/24 and at breakfast on 9/27/24.			
On 9/26/24 at 5:04 p.m., R21 was observed sitting in bed. CNA (certified nursing assistant) #2 was feeding the resident. R21's dinner meal ticket listed tea and apple juice as preferences. R21's dinner tray contained neither of these items.			
On 9/27/24 at 8:33 a.m., R21 was observed sitting up in her bed. CNA #4 was preparing to feed R21 breakfast. R21's breakfast meal ticket listed fresh fruit as a preference. The breakfast tray contained no fresh fruit.			
On 9/27/24 at 10:07 a.m., OSM (other staff member) #3, a dietary director at a sister facility, was interviewed. She stated: We have a menu in place, and I give the residents the menu for a whole day so they can choose. She stated the menus she gives the residents in her facility contain all the options for the whole day, all three meals. She stated the residents circle what they want, or write their preferences on the menus. She stated the staff help residents who are unable to write or communicate their preferences independently to the kitchen staff. She stated meal tickets should match the tray, and the dietary aides are responsible for making sure the resident receives everything that is listed on the meal ticket as a preference. She stated she was not present in the facility for dinner or 9/26/24 or for breakfast on 9/27/24. On 9/30/24 at 5:22 p.m., ASM (administrative staff member) #1, the acting administrator, and ASM #2, the director of nursing, were informed of these concerns.			
			who choose to make their own mer cannot make their own choices. a name, room number and diet, and delivery of menus and in menu sele assist when needed. Menus will be 3. The director of food and nutrition therapeutic diets, and refer to the room to the room of the room
	ER Ig Center Plan to correct this deficiency, please consumer of the second intolerances, and preferences, as with a second intolerances, and preferences, as with a second intolerances, and preferences, as with a second in the resident second intolerances, and preferences, as with a second in the resident second in the second in the resident second in the resident second in the second in the resident second in the	IDENTIFICATION NUMBER: 495227 A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 7300 Forest Ave Richmond, VA 23226 plan to correct this deficiency, please contact the nursing home or the state survey SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying informati Ensure each resident receives and the facility provides food that accomm intolerances, and preferences, as well as appealing options. 32642 Based on observation, staff interview, and facility document review, the fa according to the residents' preferences for three of 24 residents in the sur and #23. The findings include: 1. For Resident #21 (R21), the facility staff failed to serve food according ti dinner on 9/26/24 and at breakfast on 9/27/24. On 9/26/24 at 5:04 p.m., R21 was observed sitting in bed. CNA (certified i the resident. R21's dinner meal ticket listed tea and apple juice as prefere neither of these items. On 9/27/24 at 8:33 a.m., R21 was observed sitting up in her bed. CNA #4 breakfast. R21's breakfast meal ticket listed fresh fruit as a preference. Tr fruit. On 9/27/24 at 10:07 a.m., OSM (other staff member) #3, a dietary director interviewed. She stated the menus she gives the residents in her facility of day, all three meals. She stated the residents circle what they want, or wf She stated the staff help residents who are unable to write or communicat to the kitchen staff. She stated meal tickets should match the tray, and the making sure the resident receives everything that is listed on the meal tick was not present in the facility for dinner or 9/26/24 or for breakfast on 9/27 On 9/30/24 at 5:22 p.m., ASM (administrative staff member) #1, the acting director of nursing, were informed of these concerns. A review of the facility policy, Select Menus, revealed, in part: Select men who choose to make their own menu selections. Assistance from family o cannot make their own choices. a. Food and nutrition services staff will lal name, room number and diet, and deliver the m	

		1	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLII	FD.	STREET ADDRESS, CITY, STATE, ZI	P. CODE
Westport Rehabilitation and Nursing Center		7300 Forest Ave Richmond, VA 23226	. 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0806	No further information was provide	d prior to exit.	
Level of Harm - Minimal harm or potential for actual harm	2. For Resident #22 (R22), the facility staff failed to serve food according to the resident's preferences at dinner on 9/26/24 and at breakfast on 9/27/24.		
Residents Affected - Few	On 9/26/24 at 5:06 p.m., R22 was observed sitting in bed eating dinner. R22's dinner meal ticket listed fresh fruit, cottage cheese, ginger ale, and decaffeinated coffee as preferences. The dinner tray contained none of these items.		
	On 9/27/24 at 8:18 a.m., R22 was as a preference. The breakfast tray	observed sitting up in her bed. R22's br contained no fresh fruit.	reakfast meal ticket listed fresh fruit
	On 9/27/24 at 10:07 a.m., OSM (other staff member) #3, a dietary director at a sister facility, was interviewed. She stated: We have a menu in place, and I give the residents the menu for a whole day so they can choose. She stated the menus she gives the residents in her facility contain all the options for the whole day, all three meals. She stated the residents circle what they want, or write their preferences on the menus. She stated the staff help residents who are unable to write or communicate their preferences independently to the kitchen staff. She stated meal tickets should match the tray, and the dietary aides are responsible for making sure the resident receives everything that is listed on the meal ticket as a preference. She stated she was not present in the facility for dinner or 9/26/24 or for breakfast on 9/27/24.		
	On 9/30/24 at 5:22 p.m., ASM (administrative staff member) #1, the acting administrator, and ASM #2, the director of nursing, were informed of these concerns.		
	No further information was provided prior to exit.		
	3. For Resident #23 (R23), the facility staff failed to serve food according to the resident's preferences at breakfast on 9/27/24.		
	On 9/27/24 at 8:44 a.m., R23 was observed sitting up in her bed. CNA #3 was feeding the resident break R23's breakfast meal ticket listed fresh fruit and orange juice as preferences. The breakfast tray contains no fresh fruit or orange juice. While CNA #3 was feeding the resident her eggs, R23 asked for ketchup for her eggs. Without checking for ketchup availability, CNA #3 stated: We don't have ketchup here. On 9/27/24 at 10:07 a.m., OSM (other staff member) #3, a dietary director at a sister facility, was interviewed. She stated: We have a menu in place, and I give the residents the menu for a whole day so can choose. She stated the menus she gives the residents in her facility contain all the options for the wl day, all three meals. She stated the residents circle what they want, or write their preferences on the me She stated the staff help residents who are unable to write or communicate their preferences independe to the kitchen staff. She stated meal tickets should match the tray, and the dietary aides are responsible making sure the resident receives everything that is listed on the meal ticket as a preference. She stated was not present in the facility for dinner or 9/26/24 or for breakfast on 9/27/24, but she was certain there ketchup available for residents at all times.		
	(continued on next page)		

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Westport Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 Forest Ave Richmond, VA 23226	
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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)		ion)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/30/24 at 5:22 p.m., ASM (adn director of nursing, were informed on the No further information was provided as a second of the No. 10 feb.		g administrator, and ASM #2, the