

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2017
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NAME OF PROVIDER OR SUPPLIER BERKSHIRE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 705 CLEARVIEW DRIVE VINTON, VA 24179
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 8/29/17 through 8/31/17. Three complaints were also investigated during the survey. Corrections are required with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this 180 certified bed facility was 155 at the time of the survey. The survey sample consisted of 23 current resident reviews (Residents #1 through 21 and 25 through 26) and 3 closed record reviews (Residents 22 through 24).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>Comprehensive Person Centered Care Planning 12 VAC 5-371-250-(D,E) Cross reference to F 279</p> <p>Infection Control 12 VAC 5-371-180 (A) Cross reference to F 441</p>	F 001	<p>The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.</p> <p>Comprehensive Person Centered Care Planning 12 VAC 5-371-250-(D,E) Cross reference</p>	9/29/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/25/17

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F 001	Continued From page 1	F 001	<p>to F 279</p> <ol style="list-style-type: none"> The CCP was immediately updated for resident #8. The CCPs for current residents with dentures were audited with corrections made as necessary. Nursing staff members were educated that upon admission, readmission, or change in dental status, they must ensure that the CCP includes appropriate care interventions. Unit Managers (or designee) will ensure care-planned interventions while reviewing admissions 5 days per week. ADON (or designee) will conduct an audit of CCPs of residents with dentures weekly x8 weeks. Review in quarterly QA x2 quarters. Completion: September 29, 2017. <p>Infection Control 12 VAC 5-371-180 (A) Cross reference to F 441</p> <ol style="list-style-type: none"> Medical director was notified of breach in infection control practice and gave no new orders at that time. (1)CNA 1 was immediately educated regarding hand hygiene. (2) SDC was educated regarding proper infection control line listing documentation. Current nursing staff members were provided with hand hygiene education. (1)DON (or designee) will perform hand hygiene audits 3 times per week x8 weeks. (2)SDC (or designee) will provide a copy of infection control line listing documentation to DON or ADON weekly x8 weeks. Review in quarterly QA x2 	

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F 001	Continued From page 2	F 001	quarters. 5. Completion: September 29, 2017.	