

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2017
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW ON THE APPOMATTOX HEALTH & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 201 EPPS STREET HOPEWELL, VA 23860
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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
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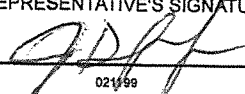
F 000	Initial Comments An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 2/6/17 through 2/8/17. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. No complaints were investigated during the survey. The census in this 124 certified bed facility was 119 at the time of the survey. The survey sample consisted of 21 current Resident reviews (Residents #1 through #21) and 3 closed record reviews (Residents #22 through #24).	F 000	12VAC5-371-210 Nurse Staffing 12VAC5-371-210(F) 1. Certification verification for CNA-Employee #24 has been obtained and is in the personnel file. There have been no substantiated allegations of abuse regarding the employee. 2. Employee personnel records will be audited to assess compliance with the Policy and Procedure for certification/license verification. Certification/license verification will be obtained where applicable. 3. The Administrator or Designee will educate the Human Resource Generalist on the Policy and Procedure for obtaining certification/license verification for newly hired employees. 4. Personnel records for newly hired employees will be reviewed weekly x 4 weeks then monthly x 2 months to ensure compliance with the Policy and Procedure on obtaining certification/license verification for newly hired employees. The Administrator or designee will report findings to the QAPI committee for further recommendations monthly x 3 months. 5. Date of compliance 3-1-2017.	
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: 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: 12VAC5-371-210 Nurse Staffing 12VAC5-371-210 (F) Based on staff interview, facility documentation review and employee record review, the facility staff failed to ensure certified nursing assistant (CNA) certification verification, was obtained through the Department of Health Professions prior to hire, for one of 12 CNA's (Employee #24). On 2/7/17 at 11:00 a.m. an employee record review was conducted. The review revealed Employee #24, a CNA, was hired 10/18/16	F 001		

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

TITLE

(X6) DATE

STATE FORM



ADMINISTRATOR

2-27-17

02/1/99

P3KI11

If continuation sheet 1 of 2

State of Virginia

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F 001	<p>Continued From Page 1</p> <p>however, the "Licensure Lookup" from the Department of Health Professions was dated 10/24/16 which was 6 days after hire.</p> <p>On 2/7/17 at 2:10 p.m. an interview was conducted with the Human Resource employee (Admin-C). The above information was reviewed with Admin-C. Admin-C stated she'd look into it.</p> <p>On 2/7/17 at 3:05 p.m. Admin-C confirmed Employee #24's certification check was not done until 10/24/16. She stated she was not working at the facility at that time. When asked when she normally checks the certification, Admin-C stated "Every time I get an application, I pull the licensure check and attach it to the application before an interview is done."</p> <p>On 2/7/17 at 4:40 p.m., the Administrator and Director of Nursing were informed of the findings. No further information was provided by the facility staff.</p> <p>The facility was not in compliance with the following cross-referenced regulations:</p> <p>12VAC5-371-220 Nursing Services 12VAC5-371-220 (D)-Cross Reference to F-241.</p> <p>12VAC5-371-200 Nursing Director 12VAC5-371-200 (B)-Cross Reference to F-281.</p> <p>12VAC5-371-300 Pharmaceutical Services 12VAC5-371-300 (B)-Cross Reference to F-431.</p> <p>12VAC5-371-180 Infection Control 12VAC5-371-180 (A,C)-Cross Reference to F-441.</p>	F 001	<p>12VAC5-371-220 Nursing Services 12VAC5-371-220 (D)-Cross Reference to F-241 See POC F-241</p> <p>12VAC5-371-200 Nursing Director 12VAC5-371-200 (B)-Cross Reference to F-281 See POC F-281</p> <p>12VAC5-371-300 Pharmaceutical Services 12VAC5-371-300 (B)-Cross Reference to F-431 See POC F-431</p> <p>12VAC5-371-180 Infection Control 12VAC5-371-180 (A, C)-Cross Reference to F-441 See POC F-441</p>		