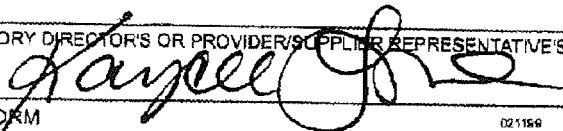


VDH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2018</b>																				
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F 000	Initial Comments	F 000																						
	<p>An unannounced biennial State Licensure Inspection was conducted 03/20/2018 through 03/29/2018. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey.</p> <p>The census in this 120 bed facility was 113 at the time of the survey. The survey sample consisted of 34 current resident reviews and 4 closed record reviews.</p>																							
F 001	Non Compliance	F 001																						
	<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> <table border="0"> <tr> <td>12 VAC 5-371-150 Resident Rights</td> <td>12 VAC 5-371-150 Cross Reference F550 for plan of correction</td> </tr> <tr> <td>12 VAC 5-371-150 (A) Cross Reference to F550</td> <td></td> </tr> <tr> <td>12 VAC 5-371-360 Clinical Records</td> <td>12 VAC 5-371-360 Cross Reference F583 for plan of correction</td> </tr> <tr> <td>12 VAC 5-371-360 (E) Cross Reference to F583</td> <td></td> </tr> <tr> <td>COV 32.1-138</td> <td>COV 32.1-138.01 Cross Reference F600 for plan of correction</td> </tr> <tr> <td>COV 32.1-138.01(A)(8) Cross Reference to F600</td> <td></td> </tr> <tr> <td>12VAC5-371-140 Policies and Procedures</td> <td>12 VAC 5-371-140 Cross Reference F607 for plan of correction</td> </tr> <tr> <td>12VAC5-371-140(A) Cross Reference to F607</td> <td></td> </tr> <tr> <td>12 VAC 5-371-110 Management and administration</td> <td>12 VAC 5-371-110 Cross Reference F609 for plan of correction</td> </tr> <tr> <td>12 VAC 5-371-110 (B)(3) Cross Reference to F609</td> <td></td> </tr> </table>				12 VAC 5-371-150 Resident Rights	12 VAC 5-371-150 Cross Reference F550 for plan of correction	12 VAC 5-371-150 (A) Cross Reference to F550		12 VAC 5-371-360 Clinical Records	12 VAC 5-371-360 Cross Reference F583 for plan of correction	12 VAC 5-371-360 (E) Cross Reference to F583		COV 32.1-138	COV 32.1-138.01 Cross Reference F600 for plan of correction	COV 32.1-138.01(A)(8) Cross Reference to F600		12VAC5-371-140 Policies and Procedures	12 VAC 5-371-140 Cross Reference F607 for plan of correction	12VAC5-371-140(A) Cross Reference to F607		12 VAC 5-371-110 Management and administration	12 VAC 5-371-110 Cross Reference F609 for plan of correction	12 VAC 5-371-110 (B)(3) Cross Reference to F609	
12 VAC 5-371-150 Resident Rights	12 VAC 5-371-150 Cross Reference F550 for plan of correction																							
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12 VAC 5-371-110 (B)(3) Cross Reference to F609																								

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



TITLE

**Executive Director**

(X6) DATE

**4/25/18**

VDH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2018</b>
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NAME OF PROVIDER OR SUPPLIER <b>BATTLEFIELD PARK HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 FLANK ROAD PETERSBURG, VA 23805</b>
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F 001	Continued From Page 1	F 001		
	12VAC5-371-250 Resident assessment and care planning 12VAC5-371-250(F) Cross Reference to F657		12 VAC 5-371-250 Cross Reference F657 for plan of correction	
	12VAC5-371-200 Director of nursing 12VAC5-371-200(B)(1)(ii) Cross Reference to F658		12 VAC 5-371-200 Cross Reference F658 for plan of correction	
	12 VAC 5-371-360 Clinical Records 12VAC5-371-360(E)(11) Cross Reference to F661		12 VAC 5-371-360 Cross Reference F661 for plan of correction	
	12VAC5-371-220 Nursing Services 12VAC5-371-220(A) Cross Reference to F684		12 VAC 5-371-220 Cross Reference F684 for plan of correction	
	12VAC5-371-220 Nursing Services 12VAC5-371-220(C)(1) Cross Reference to F686		12 VAC 5-371-220 Cross Reference F686 for plan of correction	
	12VAC5-371-220 Nursing Services 12VAC5-371-220(A) Cross Reference to F689		12 VAC 5-371-220 Cross Reference F689 for plan of correction	
	12VAC5-371-220 Nursing Services 12VAC5-371-220(C)(3) Cross Reference to F690		12 VAC 5-371-220 Cross Reference F690 for plan of correction	
	12VAC5-371-220 Nursing Services 12VAC5-371-220(C)(5) Cross Reference to F692		12 VAC 5-371-220 Cross Reference F692 for plan of correction	
	12VAC5-371-220 Nursing Services 12VAC5-371-220(B) Cross Reference to F693		12 VAC 5-371-220 Cross Reference F693 for plan of correction	
	12VAC5-371-220 Nursing Services 12VAC5-371-220(A) Cross Reference to F695		12 VAC 5-371-220 Cross Reference F695 for plan of correction	
	12VAC5-371-270 Social Services 12VAC5-371-270(A) Cross Reference to F740		12 VAC 5-371-220 Cross Reference F740 for plan of correction	
	12VAC5-371-270 Social Services 12VAC5-371-270(B) Cross Reference to F741		12 VAC 5-371-220 Cross Reference F741 for plan of correction	
	12VAC5-371-300 Pharmaceutical services 12VAC5-371-300(A) Cross Reference to F755		12 VAC 5-371-220 Cross Reference F755 for plan of correction	

YDH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2018</b>
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F 001	Continued From Page 2	F 001		
	12VAC5-371-220 Nursing Services 12VAC5-371-220(B) Cross Reference to F760		12 VAC 5-371-220 Cross Reference F760 for plan of correction	
	12VAC5-371-340 Dietary and food service program 12VAC5-371-340(A) Cross Reference to F812		12 VAC 5-371-340 Cross Reference F812 for plan of correction	
	12 VAC 5-371-360 Clinical Records 12VAC5-371-360(E) Cross Reference to F842		12 VAC 5-371-360 Cross Reference F842 for plan of correction	
	12VAC5-371-170 Quality assessment and assurance 12VAC5-371-170(B)(2) Cross Reference to F865		12 VAC 5-371-170 Cross Reference F865 for plan of correction	
	12VAC5-371-170 Quality assessment and assurance 12VAC5-371-170(B)(2) Cross Reference to F867		12 VAC 5-371-170 Cross Reference F867 for plan of correction	
	12VAC5-371-150(H) - Screening Residents through Sex Offender Registry			
	Based on facility documentation review and staff interview, facility staff failed to ensure all prospective residents were screened through the sex offender registry prior to acceptance by the facility.			
	Resident #164 did not have a preadmission sex offender registry screening.			
	The findings included:			
	Resident #164's most recent Minimum Data Set (MDS) Assessment was an Admission/Medicare 5 Day assessment with an Assessment Reference Date (ARD) of 3/23/2018. Resident #164's Brief Interview for Mental Status (BIMS) and Activity of Daily Living (ADL) assessments were not performed on this assessment. Resident #164's			

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F 001 Continued From Page 3 F 001

diagnoses included: Major Depressive Disorder, Diabetes Mellitus Type-II, Schizoaffective Disorder, Undifferentiated Schizophrenia, and Hypertension.

On 3/26/2018, a review of Resident #164's record revealed that no sex offender registry screening was documented.

On 3/26/2018 at 2:20 p.m. an interview was conducted with Employee H, the admissions coordinator. Employee H was asked to describe the process used to screen prospective residents for sex offender status prior to admission. She replied that she keeps copies of all resident screenings in a binder in her office. Employee H was asked to provide the binder and review it for Resident #164's screening. Upon review, Resident #164's screening was not found. Employee H stated she did not know why it wasn't there.

**12VAC5-371-210(F)(1) - CNA Licensure**

Based on facility documentation review and staff interview, the facility failed to ensure Certified Nurse Aide (CNA) licenses were in good standing with the State Board of Nursing, for 5 of 25 records reviewed.

No current license verification was found for records #9, #14, #17, #23, and #25

**The Findings included:**

A review of employee records was started on 3/21/2018. During the review of employee records, it was noted that several employee records were incomplete. This included missing CNA licensure checks for records #9, #14, #17, #23, and #25.

**12VAC5-371-210**

- 1.) Employees #9, #14, #17, #23, #25 were employees hired by prior ownership and no longer work within the facility.
- 2.) An audit has been completed by the Human Resources Director and or designee of current CNA's to ensure their license are current and in good standing
- 3.) The Administrator has educated the Human Resources Manager on ensuring staff members have current licensures with the appropriate professional registry and are in good standing.
- 4.) The Administrator and or designee will audit new hires weekly x 12 weeks to ensure compliance with state professional registries with results brought to QAPI

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F 001

Continued From Page 4

F 001

The Administrator and Director of Nursing (DON) were informed of the findings at the end of day meeting on 3/23/2018 and were asked to assist in locating missing record information.

The facility Abuse, Neglect, and Exploitation policy states:

- "4. Licensure/registry check will also be performed, as applicable, after the interview to verify:
- a. The Nurse Aide Registry
  - b. The State Board of Nursing
  - c. Other professional registries"

On 3/29/2018, the Administrator was asked about the status of the remaining missing record information. The administrator stated that they had provided all the information they could find, and "it is what it is".

No further documentation was provided.

12VAC5-371-210(E) - Nurse Licensure

Based on facility documentation review and staff interview, the facility failed to ensure Nurse licenses were in good standing with the State Board of Nursing, for 3 of 25 records reviewed.

No current license verification was found for records #11, #15, and #25.

The Findings included:

A review of employee records was started on 3/21/2018. During the review of employee records it was noted that several employee records were incomplete. This included missing Nurse licensure checks for records #11, #15, and #25.

**12VAC5-371-210**

- 1.) Employees #11, #15, #25 were employees hired by prior ownership and no longer work within the facility.
- 2.) An audit has been completed by the Human Resources Director and or designee of current licensed nurses to ensure their license are current and in good standing
- 3.) The Administrator has educated the Human Resources Manager on ensuring staff members have current licensures with the appropriate professional registry and are in good standing.
- 4.) The Administrator and or designee will audit new hires weekly x 12 weeks to ensure compliance with state professional registries with results brought to QAPI

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F 001 Continued From Page 6

F 001

it was noted that several employee records were incomplete. This included missing background checks for records #15, #17-#20, and #23-#25.

The Administrator and Director of Nursing (DON) were informed of the findings at the end of day meeting on 3/23/2018 and were asked to assist in locating missing record information.

The facility Abuse, Neglect, and Exploitation policy states:

"2. A criminal background check will be completed, per the requirements of SB 160"

On 3/29/2018, the Administrator was asked about the status of the remaining missing record information. The administrator stated that they had provided all the information they could find, and "it is what it is".

No further documentation was provided.

**COV 32.1-126.01(A) - Sworn Statement**

Based on facility documentation review and staff interview, the facility failed to ensure Sworn Statements were acquired prior to hire for 7 of 25 records reviewed.

Records #6, #11, #15, #17, and #23-#25 had no Sworn Statement documented.

**The Findings included:**

A review of employee records was started on 3/21/2018. During the review of employee records, it was noted that several employee records were incomplete. This included missing Sworn

**COV 32.1- 126.01 A**

- 1.) Employees #11, #15, #17, #23, #24, #25 were employees hired by previous ownership and are no longer working within the facility. Employee #6 was hired by the prior ownership and has since signed her Sworn Statement
- 2.) An audit has been completed by the Human Resources Manager and or designee of current licensed nurses to ensure their license are current and in good standing
- 3.) The Administrator has educated the Human Resources Manager on ensuring staff members have a Sworn Statement before being hired.
- 4.) The Administrator and or designee will audit new hires weekly x 12 weeks to ensure compliance with the signing of Sworn Statements with results brought to QAPI

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F 001 Continued From Page 5 F 001

The Administrator and Director of Nursing (DON) were informed of the findings at the end of day meeting on 3/23/2018 and were asked to assist in locating missing record information.

The facility Abuse, Neglect, and Exploitation policy states:

- "4. Licensure/registry check will also be performed, as applicable, after the interview to verify:
- a. The Nurse Aide Registry
  - b. The State Board of Nursing
  - c. Other professional registries"

On 3/29/2018, the Administrator was asked about the status of the remaining missing record information. The administrator stated that they had provided all the information they could find, and "it is what it is".

No further documentation was provided.

**12VAC5-371-140(E)(3)(B) - Criminal Background Checks**

Based on facility documentation review and staff interview, the facility failed to ensure criminal background checks were performed prior to hire for 8 of 25 records reviewed.

Records #15, #17-#20, and #23-#25 had no background check documented.

The findings included:

A review of employee records was started on 3/21/2018. During the review of employee records,

**12VAC5-371-140**

- 1.) Employees #15, #17, #18, #20, #23, #24, #25 were employees hired by previous ownership and are no longer working within the facility. Employee #19 was hired by prior company, quit, and has since returned with our company. Her current employee record has a criminal background check with no issues noted.
- 2.) An audit has been conducted by the Human Resources Director and or designee of current employees to ensure each employee has a criminal background check with no issues noted.
- 3.) The Administrator has educated the Human Resources Manager on ensuring staff members have a criminal background check conducted before they are hired.
- 4.) The Administrator and or designee will audit new hires weekly x 12 weeks to ensure compliance with criminal background checks being run and in a timely manner with results brought to QAPI

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F 001 Continued From Page 7

F 001

Statements for records #6, #11, #15, #17, and #23-#25.

The Administrator and Director of Nursing (DON) were informed of the findings at the end of day meeting on 3/23/2018 and were asked to assist in locating missing record information.

On 3/29/2018, the Administrator was asked about the status of the remaining missing record information. The administrator stated that they had provided all the information they could find, and "it is what it is".

No further documentation was provided.