PRINTED: 04/12/2018 VDH FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING VA0021 B. WING 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BATTLEFIELD PARK HEALTHCARE CENTER 250 FLANK ROAD PETERSBURG, VA 23805 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PRÉFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 000 Initial Comments F 000 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. 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. F 001 Non Compliance F 001 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: 12 VAC 5-371-150 Resident Rights 12 VAC 5-371-150 Cross Reference 12 VAC 5-371-150 (A) Cross Reference to F550 F550 for plan of correction 12 VAC 5-371-360 Clinical Records 12 VAC 5-371-360 Cross Reference 12 VAC 5-371-360 (E) Cross Reference to F583 F583 for plan of correction COV 32.1-138 COV 32.1-138.01 Cross Reference COV 32.1-138.01(A)(8) Cross Reference to F600 F600 for plan of correction 12VAC5-371-140 Policies and Procedures 12 VAC 5-371-140 Cross Reference 12VAC5-371-140(A) Cross Reference to F607 F607 for plan of correction 12 VAC 5-371-110 Management and

OR'S OR PROVIDER/SC REPRESENTATIVE'S SIGNATURE

021199

12 VAC 5-371-110 (B.)(3) Cross Reference to

administration

F609

12 VAC 5-371-110 Cross Reference

F609 for plan of correction

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	12VAC5-371-250 Resident assessment a planning 12VAC5-371-250(F) Cross Reference to I				12 VAC 5-371-250 Cros F657 for plan of correct			
-	12VAC5-371-200 E				12 VAC 5-371-200 Cross F658 for plan of correcti			
	12 VAC 5-371-360 12VAC5-371-360(E	Clinical Records )(11) Cross Referenc	e to F661		12 VAC 5-371-360 Cross F661 for plan of correcti			
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			F689		12 VAC 5-371-220 Cross F689 for plan of correcti			
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			F693		12 VAC 5-371-220 Cross F693 for plan of correction			
•	12VAC5-371-220 Nursing Services 12VAC5-371-220(A) Cross Reference to Fi			•	12 VAC 5-371-220 Cross F695 for plan of correction			
1	12VAC5-371-270 Social Services 12VAC5-371-270(A) Cross Reference to F		740		12 VAC 5-371-220 Cross	Reference		
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1 1	2VAC5-371-300 Pha 2VAC5-371-300(A) (	armaceutical services Cross Reference to F	755		F741 for plan of correction F741 for plan of correction 12 VAC 5-371-220 Cross			
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	12VAC5-371-220 N 12VAC5-371-220(B 12VAC5-371-340 D program 12VAC5-371-340(A 12 VAC 5-371-360(E 12VAC5-371-170 Q assurance 12VAC5-371-170(B)	i) Cross Reference lietary and food ser ) Cross Reference Clinical Records ) Cross Reference uality assessment a (2) Cross Reference	vice to F812 to F842 and ce to F865		12 VAC 5-371-220 Cross Re F760 for plan of correction  12 VAC 5-371-340 Cross Re F812 for plan of correction  12 VAC 5-371-360 Cross Re F842 for plan of correction  12 VAC 5-371-170 Cross Re F865 for plan of correction	ference ference ference	
	assurance 12VAC5-371-170(B) 12VAC5-371-150(H) through Sex Offende	(2) Crass Reference - Screening Resid	e to F867		12 VAC 5-371-170 Cross Re F867 for plan of correction	erence	Stanyopen de la constanta de la
	Based on facility doc interview, facility staf prospective residents sex offender registry facility. Resident #164 did no offender registry scre	f falled to ensure all s were screened the prior to acceptance of have a preadmiss	l rough the e by the		RECEIVE APR 2 4 2018 VDH/OLC		
( ( ( ( ( (	The findings included Resident #164's mos (MDS) Assessment with Date (ARD) of 3/23/2 nterview for Mental Staily Living (ADL) assertionmed on this assertions.	t recent Minimum E vas an Admission/N an Assessment Ro 018. Resident #164 Status (BIMS) and A sessments were no	Medicare 5 eference I's Brief activity of				

FORM APPROVED VDH STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING VA0021 B. WING 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BATTLEFIELD PARK HEALTHCARE CENTER 250 FLANK ROAD PETERSBURG, VA 23805 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) 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 12VAC5-371-210 coordinator. Employee H was asked to describe 1.) Employees #9, #14, #17, #23, the process used to screen prospective residents for sex offender status prior to admission. She #25 were employees hired by prior replied that she keeps copies of all resident ownership and no longer work screenings in a binder in her office. Employee H within the facility. was asked to provide the binder and review it for Resident #164's screening. Upon review, Resident 2.) An audit has been completed by #164's screening was not found. Employee H the Human Resources Director and stated she did not know why it wasn't there. or designee of current CNA's to ensure their license are current and 12VAC5-371-210(F)(1) - CNA Licensure in good standing 3.) The Administrator has educated Based on facility documentation review and staff interview, the facility failed to ensure Certified the Human Resources Manager on Nurse Aide (CNA) licenses were in good standing ensuring staff members have with the State Board of Nursing, for 5 of 25 records reviewed. current licensures with the appropriate professional registry No current license verification was found for and are in good standing. records #9, #14, #17, #23, and #25 4.) The Administrator and or The Findings included: designee will audit new hires

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.

**QAPI** 

weekly x 12 weeks to ensure

compliance with state professional

registries with results brought to

FORM APPROVED **VDH** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING. VA0021 B. WING 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BATTLEFIELD PARK HEALTHCARE CENTER** 250 FLANK ROAD PETERSBURG, VA 23805 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 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 12VAC5-371-210 b. The State Board of Nursing 1.) Employees #11, #15, #25 were c. Other professional registries" employees hired by prior ownership On 3/29/2018, the Administrator was asked about and no longer work within the the status of the remaining missing record information. The administrator stated that they had facility. provided all the information they could find, and "it 2.) An audit has been completed by is what it is". the Human Resources Director and No further documentation was provided. or designee of current licensed nurses to ensure their license are current and in good standing 12VAC5-371-210(E) - Nurse Licensure 3.) The Administrator has educated Based on facility documentation review and staff the Human Resources Manager on interview, the facility failed to ensure Nurse ensuring staff members have current licenses were in good standing with the State Board of Nursing, for 3 of 25 records reviewed. licensures with the appropriate professional registry and are in good No current license verification was found for

STATE FORM

records #11, #15, and #25.

A review of employee records was started on

checks for records #11, #15, and #25.

3/21/2018. During the review of employee records

incomplete. This included missing Nurse licensure

it was noted that several employee records were

The Findings included:

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4.) The Administrator and or

with results brought to QAPI

designee will audit new hires weekly

x 12 weeks to ensure compliance

with state professional registries

standing.

If continuation sheet 5 of 8

FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING VA0021 B. WING 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BATTLEFIELD PARK HEALTHCARE CENTER 250 FLANK ROAD PETERSBURG, VA 23805 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 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: COV 32.1-126.01 A 1.) Employees #11, #15, #17, #23, "2. A criminal background check will be #24, #25 were employees hired by completed, per the requirements of SB 160" previous ownership and are no On 3/29/2018, the Administrator was asked about longer working within the facility. the status of the remaining missing record Employee #6 was hired by the prior information. The administrator stated that they had provided all the information they could find, and "it ownership and has since signed her is what it is". Sworn Statement No further documentation was provided. 2.) An audit has been completed by the Human Resources Manager and or designee of current licensed COV 32.1-126.01(A) - Sworn Statement nurses to ensure their license are current and in good standing Based on facility documentation review and staff 3.) The Administrator has educated interview, the facility failed to ensure Sworn Statements were acquired prior to hire for 7 of 25 the Human Resources Manager on records reviewed. ensuring staff members have a Sworn Statement before being hired. Records #6, #11, #15, #17, and #23-#25 had no Sworn Statement documented. 4.) The Administrator and or

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

with results brought to QAPI

designee will audit new hires weekly

with the signing of Sworn Statements

x 12 weeks to ensure compliance

TAG

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING VA0021 B. WING 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BATTLEFIELD PARK HEALTHCARE CENTER 250 FLANK ROAD PETERSBURG, VA 23805

(X4) ID :

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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(X5) COMPLETE DATE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0021		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED		
						03/29/2018			
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F 001	Continued From Pa	ige 7		F 001					
	Statements for reco #23-#25.	ords #6, #11, #15, #1	7, and				1		
	The Administrator a were informed of the meeting on 3/23/20 locating missing recommendations.	e findings at the end 18 and were asked t	of day						
	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.								
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							1		