

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COLONIAL HEIGHTS HEALTH CARE C	STREET ADDRESS, CITY, STATE, ZIP CODE 831 ELLERSLIE AVE COLONIAL HEIGHTS, VA 23834
---	--

(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 biennial State Licensure Inspection was conducted 02/20/2019 through 02/25/2019. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Four complaints were investigated during the survey.</p> <p>The census in this 196 licensed bed facility was 155 at the time of the survey. The survey sample consisted of 59 resident reviews.</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: 12VAC5-371-150(B)(1). Please cross reference to F-550.</p> <p>12VAC5-371-300(B). Please cross reference to F-554.</p> <p>12VAC5-371-140(A). Please cross reference to F-607.</p> <p>12VAC5-371-250(G). Please cross reference to F-657.</p> <p>12VAC5-371-220(A). Please cross reference to F-684.</p> <p>12VAC 5-371-220(C)(1). Please cross reference to F-686.</p> <p>12VAC5-371-220(A). Please cross reference to F-689.</p> <p>12VAC5-371-220(A). Please cross reference to</p>	F 001	<p>12VAC5-371-150(B)(1). Please cross reference to Federal POC for F550.</p> <p>12VAC5-371-300(B). Please cross reference to Federal POC for F554.</p> <p>12VAC5-371-140(A). Please cross reference to Federal POC for F607.</p> <p>12VAC5-371-250(G). Please cross reference to Federal POC for F657.</p> <p>12VAC5-371-220(A). Please cross reference to Federal POC for F684.</p> <p>12VAC5-371-220(A). Please cross reference to Federal POC for F689.</p> <p>12VAC5-371-220(A). Please cross reference to Federal POC for F697.</p> <p>12VAC5-371-140(E)(2). Please cross</p>	4/2/19

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

TITLE

(X6) DATE

Electronically Signed

03/21/19

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COLONIAL HEIGHTS HEALTH CARE C	STREET ADDRESS, CITY, STATE, ZIP CODE 831 ELLERSLIE AVE COLONIAL HEIGHTS, VA 23834
---	--

(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 001	<p>Continued From page 1</p> <p>F-697.</p> <p>12VAC5-371-140(E)(2). Please cross reference to F-726.</p> <p>12VAC5-371-300(A). Please cross reference to F-755.</p> <p>12VAC5-371-220(B). Please cross reference to F-760.</p> <p>12VAC5-371-320(A). Please cross reference to F-790.</p> <p>12VAC5-371-370(A). Please cross reference to F-908.</p> <p>COV 32.1-126.01 (A)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a signed sworn statement prior to hire date for three out of 25 employees.</p> <p>The findings included:</p> <p>On 2/25/19, a review of employee Records was conducted. The review revealed the following:</p> <p>Employees Other employee B and Other employee F had a sworn statement that was incomplete. Other employee E had a sworn statement that was not dated. LPN L's sworn statement, background check, which must be within 30 days of hire, was signed 2/17/17 and her hire date was 5/9/17.</p> <p>The Administrator was made aware of the</p>	F 001	<p>reference to Federal POC for F726.</p> <p>12VAC5-371-300(A). Please cross reference to Federal for F755.</p> <p>12VAC5-371-220(B). Please cross reference to Federal POC for F760.</p> <p>12VAC5-371-320(A). Please cross reference to Federal POC for F790.</p> <p>12VAC5-371-370(A). Please cross reference to Federal POC for F908.</p> <p>COV 32.1-126.01 (A) Please cross reference to Federal POC for F607.</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COLONIAL HEIGHTS HEALTH CARE C	STREET ADDRESS, CITY, STATE, ZIP CODE 831 ELLERSLIE AVE COLONIAL HEIGHTS, VA 23834
---	--

(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 001	<p>Continued From page 2</p> <p>findings on 2/25/19 and no further information was received.</p> <p>COV 32.1-126.01 (A)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain criminal background check within 30 days of hire for 2 of 25 employees.</p> <p>Two of 25 employees failed to have criminal background check within 30 days of hire. (Other employee E, LPN L)</p> <p>The findings included:</p> <p>On 2/25/19 a review of the facility's employee files was conducted. Other employee E's Criminal background check was completed 5/12/17 and her hire date was 9/5/17. LPN L had a criminal background check completed 3/16/17 and her hire date was 5/9/17.</p> <p>The Administrator was made aware of the findings on 2/25/19 and no further information was received.</p>	F 001		