

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HERITAGE HALL NASSAWADOX

9468 HOSPITAL ROAD
NASSAWADOX, VA 23413

(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	Initial Comments An unannounced biennial State Licensure Inspection was conducted 8/4/19 through 8/8/19. Corrections are required to be in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Three complaints were investigated during survey. An extended survey was conducted on 8/6/19. The Life Safety Code survey/report will follow. The census in this 145 certified bed facility was 134 at the time of the survey. The standard survey sample consisted of 48 current resident reviews and 8 closed record reviews.	F 000	F001 12 VAC 5-371-140 (D) (2). Policies and Procedures. Cross References to F625 Cross Reference to POC for F625 12 VAC 5-371-140 (E). Policies and Procedures. Cross Reference to F607 Cross Reference to POC for F607 12 VAC 5-371-150 (A) Resident Rights. Cross Reference to F583 & F584 Cross Reference to POC for F583 & F584	
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-140 (D) (2) Policies and Procedures. Cross reference to F-625. 12VAC5-371-140 (E). Policies and Procedures. Cross reference to F-607.. 12VAC5-371-150 (A) Resident Rights. Cross reference to F-583 and F-584. 12VAC5-371-150 (B.1). Resident Rights. Cross reference to F-622 & F-625 12VAC5-371-180 (A). Infection Control. Cross reference to F-880. 12VAC5-371-220 (A). Nursing Services. Cross references to F-757 & F-760. 12VAC5-371-220 (C) Nursing Services. Cross	F 001	Nurse Staffing 12 VAC 5-371-150 (B.1) Resident Rights. Cross Reference to F622 & F625 Cross Reference to POC for F622 & F625 12 VAC 5-371-180 (A) Infection Control. Cross Reference to F880 Cross Reference to POC for F880 12 VAC 371-220 (A) Nursing Services. Cross Reference to F757 & F760 Cross Reference to POC for F757 & F760 12 VAC 371-220 (C) Nursing Services. Cross Reference to F686 Cross Reference to POC for F686 12 VAC 371-250 (C) Resident Assessment Cross Reference to F638 Cross Reference to POC for F638	

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

TITLE

(X6) DATE

STATE FORM

6095

4Q2811

If continuation sheet 1 of 3

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F 001	Continued From page 1 reference to F-686. 12VAC5-371-250 (C). Resident Assessment. Cross reference to F-638 12VAC5-371-250 (A, G) Resident Assessment. Cross reference to F-622 & F-657. 12VAC5-371-250 (A, F) Resident Assessment & Care Plan. Cross reference to F-641 and F-657 12VAC5-371-340 (A) Dietary and Food Service Program. Cross reference to F-812 and F-814. Code of Virginia Title 19.2. Criminal Procedure Chapter 23. Central Criminal Records Exchange Based on staff interview and facility record review, it was determined that the facility failed to implement required regulatory policy to conduct a criminal background check for one (1) prospective employee out of 25 personnel records reviewed. Review of personnel records obtained from facility revealed that a criminal background check was not performed for one staff member, Licensed Practical Nurse (LPN) #12, hired on 2/22/2018. On 8/8/2019 at approximately 1:20 p.m., the Human Resource Director was asked to provide evidence that a criminal background check was conducted for Licensed Practical Nurse (LPN) staff #12, and stated, "I wasn't here then. That's all we have". Facility policy on Abuse Prevention Program	F 001	12 VAC 371-250 (A, G) Resident Assessment Cross Reference to F622 & F657 Cross Reference to POC for F622 & F657 12 VAC 371-250 (A, F) Resident Assessment & Care Plan Cross Reference to F641 & F657 Cross Reference to POC for F641 & F657 12VAC 371-340 (A) Dietary and Food Service Program. Cross reference to F812 & F814 Cross Reference to POC for F812 & F814 Code of Virginia Title 19.2 Criminal Procedure Chapter 23. Central Criminal Records Exchange Corrective Action(s): A criminal Background check has been completed through the Virginia State Police per policy and is on site at the facility for LPN #12. A facility Incident and Accident for has been completed for this incident. Identification of Deficient Practices & Corrective Action(s): All other employees may have been potentially affected. The Human Resources department will audit 100% of all active employee records to include contract employees to identify employees at risk. Any/all negative findings will be corrected at the time of discovery. A Facility Incident and Accident Report will be completed for any/all negative findings.		

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F 001	Continued From page 2 states: 2. Conduct employee background checks and will not knowingly employ or otherwise engage any individual who has: a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; b. Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c. Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, or exploitation, mistreatment of residents or misappropriation of resident property.	F 001	Systemic Change(s): The facility policy and procedure has been reviewed and no changes are warranted at this time. Administrative Staff, Department Managers and the HR department will be inserviced and issued a copy of the policy & procedure regarding abuse prevention and pre-employment procedures by the Administrator. Administrative Staff and Department Heads extending employment without meeting the requirements of the established facility policy & procedure will receive disciplinary action. Perspective employees will not be allowed to work until all required documentation has been obtained. Monitoring: The Human Resources Manager is responsible for maintaining compliance. The Human Resources Director and/or designee will conduct monthly audits of all new hire employee files for each month to maintain compliance. The administrator will review all audits and report aggregate findings to the Quality Assurance Committee for review, analysis, and recommendations for changes in policy, procedure, and/or facility practice. Completion Date: 9/20/2019