

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/19/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SENTARA REHABILITATION &amp; CARE RESIDENCE-CHI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>776 OAK GROVE RD PO BOX 1277 CHESAPEAKE, VA 23320</b>
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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
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 07/16/19 through 07/19/19. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. 3 complaints were investigated during the survey.</p> <p>The census in this 120 licensed bed facility was 92 at the time of the survey. The survey sample consisted of 33 current Resident reviews and 6 closed record 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: 12 VAC 5-371-150 (A) Resident Rights Cross Reference to F-550 12 VAC 5-371-150 (B.1). Resident Rights. Cross-Reference to F-622 &amp; F-625 12 VAC 5-371-250 (C), (F). Resident Assessment and Care Planning. Cross Reference to F-637 &amp; F-657 12 VAC 5-371-220 (C.1), (H). Nursing Services. Cross Reference to F-658 &amp; F-684. 12 VAC 5-371-220 C -2. Nursing Services Cross Reference - F tag 688 12 VAC 5-371-300 (B). Pharmacy Services Cross reference to F-755 &amp; F-761 12 VAC 5-371-180. Infection Control cross reference to F880.</p> <p>12 VAC 5-371-150 (G) Resident Rights.</p> <p>Based on facility document review and staff interviews the facility staff failed to ensure it was registered to receive automatic notifications from</p>	F 001	<p>See POC for 12 VAC 5-371-150 (A) Resident Rights. Cross Reference to F-550 See POC for 12 VAC 5-371-150 (B.1). Resident Rights. Cross-Reference to F-622 &amp; F-625 See POC for 12 VAC 5-371-250 (C), (F). Resident Assessment and Care Planning. Cross Reference to F-637 &amp; F-657 See POC for 12 VAC 5-371-220 (C.1), (H). Nursing Services. Cross Reference to F-658 &amp; F-684. See POC for 12 VAC 5-371-220 C -2. Nursing Services Cross Reference - F tag 688 See POC for 12 VAC 5-371-300 (B). Pharmacy Services Cross reference to F-755 &amp; F-761 See POC for 12 VAC 5-371-180. Infection Control cross reference to F880.</p>	8/26/19

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

TITLE

(X6) DATE

Electronically Signed

08/09/19

State of Virginia

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F 001	<p>Continued From page 1</p> <p>the State Sex Offender Registry within the same or contiguous zip code.</p> <p>The findings included:</p> <p>On 7/18/19 at 2:00 P.M. the Sex Offender Registry task was completed with the Administrator. The Administrator was asked for documentation to show the facility was registered to receive automatic notifications from the State Sex Offender registry within the same or contiguous zip code. The Administrator stated, "No one in the facility is registered to receive the automatic notifications from the State Sex Offender Registry. The Admissions Coordinator is accessing the registry and registering us now."</p> <p>The facility provided documentation via an email that is was registered with the State Sex Offender Registry on 7/18/19 at 2:50 P.M.</p> <p>The facility policy titled "Sex Offender Registry and Information Assistance" revised 11/21/17 was reviewed and is documented in part, as follows:</p> <p>Long-Term Care Facilities must register with the Virginia State Police Department. Once registered, the facility will be automatically notified by electronic means if a Sex Offender lives or works in the same or a contiguous zip code where the facility is located.</p> <p>On 7/18/19 at approximately 4:00 P.M. a pre-exit debriefing was held with the Administrator and the Director of Nursing where the above information was shared. The Administrator stated, "We have sent this information out to all the facilities, because none of our sister facilities were registered either."</p>	F 001	<p>12 VAC 5-371-150 (G) Resident Rights:</p> <ol style="list-style-type: none"> <li>1. The Admissions Clerk registered to receive automatic notices from the State Sex Offender Registry within the same or contiguous zip code on 07/18/19. A report was requested of all sex offenders located in the same or contiguous zip code on 08/20/19 which revealed greater than 600 registered sex offenders located near the facility. The facility is secured during times when the front desk and visitor sign in book are not manned.</li> <li>2. All residents are at risk if the facility is unaware of sex offenders residing near the facility.</li> <li>3. A SBAR (Situation, Background, Assessment, and Recommendation) was developed regarding 12 VAC 5-371-150 (G) and required Sex Offender Registry notifications. The Administrator and Admissions Clerk reviewed the policy requiring State Sex Offender Registry automatic notifications on 07/19/19.</li> <li>4. The Administrator is reviewing State Sex Offender registry reports weekly x 8 weeks to assure notifications are being received. Audits are being presented to the QAPI committee for recommendations and additional oversight.</li> </ol>	

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F 001	Continued From page 2  Prior to exit no further information was provided.	F 001		