

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/29/2020
NAME OF PROVIDER OR SUPPLIER SITTER AND BARFOOT VETERANS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BROADROCK BLVD RICHMOND, VA 23224		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 1/29/20 through 1/29/20. Two complaints were investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. The census in this 200 certified bed facility was 194 at the time of the survey. The survey sample consisted of 2 resident reviews.	F 000			
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility failed to prevent physical abuse by staff, resulting in lower right leg abrasions.	F 600	1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. a. Resident #2 has stated he has not had any other issues or concerns with staff members.	3/11/20	

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

TITLE

(X6) DATE

Electronically Signed

02/07/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 600	<p>Continued From page 1</p> <p>The Findings included:</p> <p>The facility staff kicked Resident #2's lower right leg, resulting in 2 minor bruises.</p> <p>Resident #2 was an 89 year old. Resident #2's diagnoses included Heart Failure, and Unspecified Dementia. Resident #2 was able to understand and be understood by others.</p> <p>On 1/29/20 a review was conducted of facility documentation, revealing a Facility Reported Incident dated 1/17/19. An excerpt read, "On 1/17/19 at approximately 8:20 A.M., [Resident #2] came to the nursing supervisor's office and stated to the supervisor that he was hit and kicked by the person that cared for him the previous night [Certified Nursing Assistant CNA-A]...She was immediately suspended... [Resident #2] immediately assessed by the supervisor and noted with 2 abrasions to his right lower leg . 1st. one measuring 0.3 cm x 0.3 cm, 2nd one measuring 0.1 cm x 0.1 cm [Resident #2] is alert and oriented per his notes and social service documentation with a BIMS [Brief Interview of Mental Status] score of 14. [Resident #2] has been consistent with his story over several days and with several different staff persons and his son. Therefore it is likely that [Resident #2's] allegation of abuse is substantiated."</p> <p>Resident #2's care plan read, "1/17/20. 2 Abrasions to [R] lower leg. Tx [treatment] as ordered.[skin prep]"</p> <p>On 1/29/20 at 1:45 P.M. an interview was conducted with Resident #2 in his room. When asked if his situation at the facility had improved,</p>	F 600	<p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>a. All residents have the potential to be affected.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>a. State Background checks will continue to be completed on all new hires (to include national fingerprinting background checks)</p> <p>b. Drug screens will continue to be completed on all new hires.</p> <p>c. Reference checks will be attempted on all new hires.</p> <p>d. Staff will be re-educated on types of abuse, definitions of abuse, signs and symptoms of abuse, and reporting of abuse by the Staff Development Coordinator / designee.</p> <p>e. Staff will be educated on abuse upon hire and at least annually.</p> <p>f. Residents will continue to be encouraged to report any allegations of mistreatment.</p> <p>g. Nursing management will make periodic observations of resident care.</p> <p>h. All residents will be screened for potential abuse / neglect. Residents will be asked / assessed by nursing management if they have had instances of abuse/neglect.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that</p>		

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F 600	<p>Continued From page 2</p> <p>he said that it was "Ok". He did not have any further concerns about the facility staff.</p> <p>On 1/29/20 at approximately 2:00 P.M., an interview was conducted with the Director of Nursing (Employee B) in the Administrator's (Employee A) office. She stated, "[CNA-A] has not had any previous abuse allegations. She was terminated. We substantiated the abuse allegation against her." The Administrator also agreed that the abuse allegation was substantiated by the facility after the completion of their investigation.</p> <p>On 1/29/20, a review was conducted of facility documentation, revealing the Abuse policy dated November 2016. An excerpt read, "This facility will take appropriate steps to prevent the occurrence of mistreatment, abuse, neglect, misappropriation of resident property, exploitation, and injuries of unknown source...Physical abuse includes hitting, slapping, pinching and kicking."</p> <p>According to CNA-A's training records, she received training on abuse on 2/16/17 and 5/17/19.</p> <p>No further information was received.</p>	F 600	<p>solutions are sustained.</p> <p>a. Nursing management will observe care of four residents a month for four months to observe care and treatment provided. Staff will also ask/assess the resident for s/s of abuse/neglect.</p> <p>b. Education will be provided immediately if indicated to the care provider.</p> <p>c. Concerns noted will be brought to the QA committee to determine if further intervention is needed.</p>		