

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VA0192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/15/2021
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NAME OF PROVIDER OR SUPPLIER  REGENCY HEALTH AND REHABILITATION CEI	STREET ADDRESS, CITY, STATE, ZIP CODE 112 N CONSTITUTION DR GRAFTON, VA 23692
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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
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F 000 Initial Comments

F 000

An unannounced Biennial State Licensure Inspection was conducted 7/13/2021 through 7/15/2021. Corrections are required for compliance with Virginia Nursing Home regulations. One complaint was investigated during this survey.

The census in this 60 licensed bed facility was 53 at the time of the survey. The survey sample consisted of 21 Resident reviews.

F 001 Non Compliance

F 001

8/23/21

The facility was out of compliance with the following state licensure requirements:

This RULE: is not met as evidenced by:  
12 VAC5-371-260 (B)(1-9 & 11)--Staff Development and Inservice Training

Based on staff interview and facility documentation review, the facility staff failed to ensure resident care staff received annual inservice training for 3 employees (RN A, LPN D, and CNA C) in a sample of 5 employee training records.

The facility staff failed to ensure completion of mandated annual inservice training for RN A, LPN D, and CNA C.

The findings included:

On 7/15/21, a copy of facility training records was reviewed for the selected employee sample and revealed the following:

1. RN A did not have record of required annual inservice training in the areas of (1) Special

F001

1-Staff members, RN-A, LPN-D and CNA-C have completed the mandated annual Inservice training.  
2- The facility is at risk for deficient practice related to the need for mandated annual training requirements of resident care staff. The Staff Development Coordinator or designee will review the in-service records of resident care staff to ensure that they have completed the mandated requirements for annual training. Those staff members out of compliance with the training will be notified so that the training can be completed.  
3-The Staff Development Coordinator will educate resident care staff on the requirements for mandated annual in-service training.  
4-The Staff Development Coordinator or designee will review in-service records of resident care staff to ensure that they

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

TITLE

(X6) DATE

08/06/21

State of Virginia

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F 001	Continued From page 1  Needs, (2) Infection Prevention/Control, (3) Fire & Emergency Procedures, (5) Restraint Use, (7) Understanding the Needs of the Aged/Disabled, (8) Resident Rights, and (11) Prevention/Treatment of Pressure Sores.  2. LPN D did not have record of required annual inservice training in the areas of (1) Special Needs, (2) Infection Prevention/Control, (3) Fire & Emergency Procedures, (4) Safety & Accident Prevention, (5) Restraint Use, (6) Confidentiality/HIPPA, (7) Understanding the Needs of the Aged/Disabled, (8) Resident Rights, (9) Care of the Cognitively Impaired, and (11) Prevention/Treatment of Pressure Sores.  3. CNA C did not have record of required annual inservice training in the areas of (1) Special Needs, (2) Infection Prevention/Control, (3) Fire & Emergency Procedures, (4) Safety & Accident Prevention, (5) Restraint Use, (7) Understanding the Needs of the Aged/Disabled, (8) Resident Rights, (10) Heimlich maneuver, and (11) Prevention/Treatment of Pressure Sores.  An group interview was conducted with the Director of Nursing [DON, Employee B] and the Corporate Nurse Consultant [Employee E] who had provided the staff training records. The DON and the Corporate Nurse Consultant stated they were aware that the facility's training and inservice program was not being closely monitored for staff training compliance and "it's something we definitely need to work on". The Facility Administrator was updated on the findings. No further information was provided.	F 001	have completed the mandated requirements for annual training on a weekly basis x 6 weeks and then on a monthly basis. Results of the audits will be presented to the QAPI Committee for review and recommendation. 5 - Completion date 8/23/21.