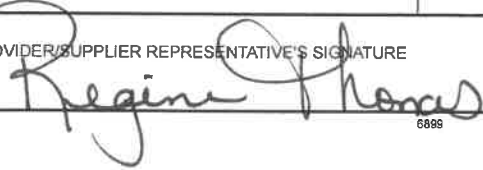


State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2021
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(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 8/15/21 through 8/17/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 licensed bed facility was 109 at the time of the survey. The survey sample consisted of 40 Resident reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12 VAC 5-371-250 (A) and (D) and (E). Cross Reference to F 641. 12 VAC5-371-220 (C)(1). Cross reference to F686 12 VAC 5-371-220 (D). Cross reference to F677 12 VAC5-371-270 (A). Cross reference to F745 12 VAC 5-371-340 (A). Cross Reference to F 814 COV 32.1-126.01 (A) Based on staff interview and facility documentation review, the facility staff failed to have evidence of a signed sworn statement, on or prior to hire, for 8 employees, Employee E, Employee F, Employee G, Employee H, RN A, LPN A, LPN C, and CNA C, in a sample of 25 employee records. The facility staff failed to obtain a sworn statement for Employee E, Employee F, Employee G, Employee H, RN A, LPN A, LPN C, and CNA C.	F 001	Cross Reference to F641 Cross Reference to F677 Cross Reference to F686 Cross Reference to F745 Cross Reference to F814 COV 32.1-126.01 (A) 1. Sworn statements for Employee E, Employee F, Employee G, Employee H, RN A, LPN A, LPN C, and CNA C will be found and/or obtained. No residents were affected by the deficient practice. 2. All residents and staff have a potential to be affected by the deficient practice.	

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

Electronically Signed



TITLE

Administrata

(X6) DATE

9/10/2021

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805
---	---

(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>The findings included:</p> <p>On 8/16/21, a review of 25 employee files was conducted by Surveyor C and revealed the following:</p> <ol style="list-style-type: none"> Employee E began working at the facility on 2/1/19. A sworn statement was obtained from Employee E on 1/29/20. Employee F began working at the facility on 4/1/19. A sworn statement was not submitted for Employee F. Employee G began working at the facility on 5/31/20. A sworn statement was not submitted for Employee G. Employee H began working at the facility on 9/21/20. A sworn statement was not submitted for Employee H. RN A began working at the facility on 12/18/20. A sworn statement was not submitted for RN A. LPN A began working at the facility on 2/7/21. A sworn statement was not submitted for LPN A. LPN C began working at the facility on 8/8/19. A sworn statement was not submitted for LPN C. CNA C began working at the facility on 10/19/20. A sworn statement was not submitted for CNA C. <p>On 8/16/21, Surveyor C interviewed the Director of Nursing (DON) who confirmed the hire dates for the 8 referenced facility staff members. The DON was asked about the importance of obtaining a sworn statement prior to employment</p>	F 001	<ol style="list-style-type: none"> The Regional Human Resources Director will in-service the Human Resource Manager (HRM) and/ Scheduler on policies and procedures for obtaining sworn statements and complete 100% audit of all current employee records. HRM/Designee will audit of 10 employee(s) files for sworn statements will be conducted weekly for 4-weeks and findings will be reported to the monthly QAPI committee for 3-months and then quarterly for 1-month. The QAPI Committee will be responsible for ongoing monitoring. <p>5. 9/29/2021</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805
---	---

(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>and she stated, "The person being considered for employment is vouching to the information that they are providing is factual". No further information was provided.</p> <p>12 VAC 5-371 140 (E)(3)(A)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the professional license, prior to hire, for 7 employees, Employee B, Employee E, Employee F, RN B, LPN A, LPN B, and LPN C, in a sample of 25 employee records.</p> <p>The facility staff failed to verify that professional licenses were active and in good standing for Employee B, Employee E, Employee F, RN B, LPN A, LPN B, and LPN C.</p> <p>The findings included:</p> <p>On 8/16/21, a review of 25 employee files was conducted by Surveyor C and revealed the following:</p> <ol style="list-style-type: none"> Employee B began working at the facility on 4/12/21. There was no evidence that facility staff verified Employee B's professional license to ensure it was active and in good standing prior to employment and was permitted to provide direct care to Residents. Employee E began working at the facility on 2/1/19. There was no evidence that facility staff verified Employee E's professional license to ensure it was active and in good standing prior to employment and was permitted to provide direct care to Residents. 	F 001	<p>12 VAC 5-371 140(E)(3)(A)</p> <ol style="list-style-type: none"> Verification of Professional License for Employee B, Employee E, Employee F, RN B, LPN A, LPN B, and LPN C will be found and/or obtained. No residents were affected by the deficient practice. All residents and staff have a potential to be affected by the deficient practice. The Regional Human Resource Director will in-service the Human Resource Manager (HRM) and/ Scheduler on policies and procedures for verification of licensure prior to hire and a 100% audit of employee files. The HRM/ Designee will audit of 10 employee(s) files for licensure will be conducted weekly for 4-weeks and findings will be reported to the monthly QAPI committee for 1-months. The QAPI Committee will be responsible for ongoing monitoring. 9/29/2021 	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/17/2021
NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(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 3</p> <p>3. Employee F began working at the facility on 4/1/19. Employee F's license verification was dated 1/26/21. Therefore, from 4/1/19-1/26/21, facility staff was unaware if Employee F's professional license was active and in good standing and was permitted to provide direct care to Residents.</p> <p>4. RN B began working at the facility on 3/22/21. RN B's license verification was dated 3/26/21. Therefore, from 3/22/21-3/26/21, facility staff was unaware if RN B's professional license was active and in good standing and was permitted to provide direct care to Residents.</p> <p>5. LPN A began working at the facility on 2/7/21. LPN A's license verification was dated 2/16/21. Therefore, from 2/7/21-2/16/21, facility staff was unaware if LPN A's professional license was active and in good standing and was permitted to provide direct care to Residents.</p> <p>6. LPN B began working at the facility on 6/29/21. There was no evidence that facility staff verified LPN B's professional license to ensure it was active and in good standing prior to employment and was permitted to provide direct care to Residents.</p> <p>7. LPN C began working at the facility on 8/8/19. There was no evidence that facility staff verified LPN C's professional license to ensure it was active and in good standing prior to employment and was permitted to provide direct care to Residents.</p> <p>On 8/16/21, Surveyor C interviewed the Director of Nursing (DON) who confirmed the hire dates for the 7 referenced facility staff members. The DON was asked about the importance of</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805
---	---

(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 4</p> <p>obtaining a professional license verification prior to employment and she stated, "To be sure that we are hiring qualified staff to provide care and services to our residents, that staff are appropriately certified to perform or provide the services required according to the job that they are applying for in their job description".</p> <p>A review of the facility's policy entitled, "Abuse, Neglect, and Exploitation Policy-Virginia", effective date 05/01/2017, subtitle, "Policy", read in part, "It is the intent of this facility to prevent the abuse, mistreatment, or neglect of residents....Furthermore, it is the intent of this facility to employ only properly screened persons as part of the resident care team by the applicable requirements" and subtitle, "Procedure", section, "I. Screening:", item, "6. This facility will not employ individuals who have had a disciplinary action taken against their professional license by a state licensure body as a result of a finding of abuse, neglect, mistreatment of residents, or misappropriation of their property".</p> <p>No further information was provided.</p> <p>12 VAC 5-371.140 (E)(3)(B) and COV § 32.1-126.01 (A)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a criminal background check with the Central Criminal Records Exchange within 30 days of hire for 8 employees, Employee D, Employee E, Employee F, Employee G, Employee H, LPN A, LPN C, and CNA C, in a</p>	F 001	<p>12 VAC 5-371.140 €(3)(B) and COV 32.1-126.01(A)</p> <p>1. Criminal Background Check for Employee D, Employee E, Employee F, Employee G, Employee H, LPN A, LPN C, and CNA C will be found and/or obtained. No residents were affected by the deficient practice.</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805
---	---

(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 5</p> <p>sample of 25 employee records.</p> <p>The facility staff failed to obtain a criminal background check within 30 days of hire for Employee D, Employee E, Employee F, Employee G, Employee H, LPN A, LPN C, and CNA C.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Employee D was hired 4/5/21. Employee D's criminal background check was dated 7/1/21. Therefore, from 4/5/21-7/1/21, facility staff was unaware of Employee D's criminal background status. Employee E was hired 2/1/19. Employee E's criminal background check was dated 1/28/20. Therefore, from 2/1/19-1/28/20, facility staff was unaware of Employee E's criminal background status. Employee F was hired 4/1/19. There was no evidence that facility staff obtained a criminal background check for Employee F and was permitted to provide direct care to Residents. Employee G was hired 5/31/20. There was no evidence that facility staff obtained a criminal background check for Employee G. Employee H was hired 9/21/20. There was no evidence that facility staff obtained a criminal background check for Employee H. LPN A was hired 2/7/21. There was no evidence that facility staff obtained a criminal background check for LPN A and was permitted to provide direct care to Residents. 	F 001	<ol style="list-style-type: none"> 2. All residents and staff have the potential to be affected by the deficient practice. 3. The Regional Human Resources Director will in-service, the Human Resource Manager and/ Scheduler on policies and procedures for verification of licensure prior to hire and a 100% audit of employee files. 4. The HRM/ Designee will audit of 10 employee(s) files for criminal backgrounds will be conducted weekly for 4-weeks and findings will be reported to the monthly QAPI committee for 1-months. The QAPI Committee will be responsible for ongoing monitoring. 5. 9/29/2021 	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BATTLEFIELD PARK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805
---	---

(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 6</p> <p>7. LPN C was hired 8/8/19. There was no evidence that facility staff obtained a criminal background check for LPN C and was permitted to provide direct care to Residents.</p> <p>8. CNA C was hired 10/19/20. There was no evidence that facility staff obtained a criminal background check for CNA C and was permitted to provide direct care to Residents.</p> <p>On 8/16/21, Surveyor C interviewed the Director of Nursing (DON) who confirmed the hire dates for the 8 referenced facility staff members. The DON was asked about the importance of obtaining a criminal background check prior to employment and she stated, "To make sure that we are hiring an employee that has not had any criminal activity that would put our facility and residents at risk".</p> <p>A review of the facility's policy entitled, "Abuse, Neglect, and Exploitation Policy-Virginia", effective date 05/01/2017, subtitle, "Policy", read in part, "It is the intent of this facility to prevent the abuse, mistreatment, or neglect of residents....Furthermore, it is the intent of this facility to employ only properly screened persons as part of the resident care team by the applicable requirements" and subtitle, "Procedure", section, "I. Screening:", item, "2. A criminal background check will be completed to meet state requirements".</p> <p>No further information was provided.</p>	F 001		