

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/16/2021 |
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| NAME OF PROVIDER OR SUPPLIER BERRY HILL NURSING HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592 |
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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 12/14/2021 through 12/16/2021. Corrections were required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 120 bed facility was 53 at the time of the survey. The survey sample consisted of 14 current resident reviews and three closed record reviews.</p> | F 000 | <p>Berry Hill Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Berry Hill Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Berry Hill Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> | |
| 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-150 (B) (1) & 12VAC5-371-280 (A) Cross reference to F550</p> <p>12VAC5-371-150 (B) (1) Cross reference to F563, F565, F576</p> <p>12VAC5-371-220 (H) Cross reference to F580</p> <p>12VAC5-371-370 (A) Cross reference to F584</p> <p>12VAC5-371-75 (B) (1) (2) (3) and 12VAC5-371-140 (E) (3b.) Cross reference F607</p> <p>12VAC5-371-250 (C) (F)</p> | F 001 | <p>F550 Resident Rights/Exercise of Rights</p> <p>On 12/15/2021, the Administrator immediately removed restriction to confine residents to room, stop communal dining and activities.</p> <p>On 12/15/2021, the Social Worker notified all alert and oriented residents to include resident #36, #158, and #37 that the restriction for not leaving room had been lifted and communal dining and activities would resume.</p> <p>On 1/7/2022, the Social Worker completed questionnaires with all alert and oriented residents to include resident #36, #158, and #37 in regards to Resident Rights to include: in the past week have you been allowed out of your room for activities or dining? In the past week have you been allowed to go outside? The Social Worker and the Administrator will address all concerns identified during the audit. Audit will be completed by 1/30/2022.</p> <p>On 12/16/2021, the Facility Consultant in-serviced the Administrator and Director of Nursing in regards to (1) Facility Guidelines on Activities/Communal Dining and (2) Guidelines for Quarantine Residents.</p> <p>On 1/7/2022, the Staff Facilitator initiated an in-service with all nurses, nursing assistants (NA), dietary staff, housekeeping staff, therapy staff, maintenance staff, activity staff, Social Worker, Accounts Payable, Accounts</p> | |

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

Alfreda Bak, LNHA

TITLE

(X6) DATE

1/10/2022

State of Virginia

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| F 001 | <p>Continued From page 1</p> <p>Cross reference to F657</p> <p>12VAC5-371-280 (A) Cross reference to F679</p> <p>12VAC5-371-280 (B) Cross reference to F680</p> <p>12VAC5-371-220 (A) (B) Cross reference to F684</p> <p>12VAC5-371-220 (A) Cross reference to F688</p> <p>12VAC5-371-210 Cross reference to F732</p> <p>12VAC5-371-220 (B) Cross reference to F759</p> <p>12VAC5-371-340 (A) Cross reference to F813</p> <p>12VAC5-371-130 (A) and 12VAC5-371-140 (D) Cross reference to F835</p> <p>12VAC5-371-180 (A) (C) (3) (4) (6) (7) Cross reference to F880, F881</p> <p>12VAC5-371-210 (A) (C) Cross reference to F882</p> <p>12VAC5-371-110 (J) Cross reference to F883</p> <p>12VAC5-371-180 (A) Cross reference to F887</p> | F 001 | <p>Receivable, Medical records and receptionist in regards to Covid 19 <i>Guidelines on Activities/Communal Dining, Guidelines for Quarantine Residents, and resident rights.</i> In-service will be completed by 1/30/2022. All newly hired nurses, nursing assistants (NA), dietary staff, housekeeping staff, therapy staff, maintenance staff, activity staff, Social Worker, Accounts Payable, Accounts Receivable, Medical records and receptionist will be in-serviced by the Staff Facilitator during orientation in regards to Covid 19 <i>Guidelines on Activities/Communal Dining and Guidelines for Quarantine Residents.</i></p> <p>The Social Worker will complete resident interviews with all alert and oriented residents weekly x 4 weeks then monthly x 1 month utilizing the <i>Resident Rights Audit Tool</i>. This audit is to ensure staff allow residents to leave room upon request, attend activities of choice and have meals served in the dining area without restrictions. The Social Worker will address all concerns identified during the audit to include re-training of staff. The Director of Nursing (DON) will initial the Resident Rights Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The DON will forward the results of the <i>Resident Rights Audit Tool</i> to the Executive Quality Assurance Committee monthly x 2 months. The Executive Quality Assurance Committee will meet monthly x 2 months and review the <i>Resident Rights Audit Tool</i> to determine trends and/or issues that may need further interventions put into place and determine the need for further and/or frequency of monitoring.</p> <p>F563 Right to Receive or Deny Visitors</p> <p>On 12/15/2021, the Social Worker updated the resident representative for resident #38 on the visitation guidance to include visitation without restriction.</p> <p>On 1/7/2022, the Payroll Bookkeeper mailed a letter to all resident representatives to include resident #38 regarding the updated facility Visitation Guidelines without restrictions. This includes removing restrictions regarding frequency or length of visits, number of visitors or required advanced scheduling of visits. Letters will be mailed by 1/30/2022.</p> | |