

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0384	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2022
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NAME OF PROVIDER OR SUPPLIER FRANCIS N SANDERS NURSING HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061
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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 3/1/22 through 3/3/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 55 licensed bed facility was 50 at the time of the survey. The survey sample consisted of 23 resident reviews and 5 staff 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: 12VAC5-371-150 (C). Please cross reference to F574.</p> <p>12VAC5-371-180 (A). Please cross reference to F880.</p>	F 001	<p>12VAC5-371-150 (C) Same POC of F574 F- 574 Required Notices and Contact Information CFR(s): 483.10(g)(4)(i)-(vi) State Tag – 12VAC5-371-150 (C)</p> <ol style="list-style-type: none"> Administration replaced the required postings, including a list of names, addresses, and telephone numbers for State Agencies and Advocacy group on 03/2/2022. 100% audit on the nursing units of the required postings of State Agencies and Advocacy groups was conducted. Administrator/designee will educate the leadership team on the required postings of State Agencies and Advocacy groups by 03/31/2022. Will audit all units for the required postings weekly for 8 weeks. The results of the audits will be reported at the QAPI meeting for evaluation of compliance and 	4/15/22

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

TITLE

(X6) DATE

Electronically Signed

03/18/22

State of Virginia

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F 001	Continued From page 1	F 001	<p>ongoing monitoring for continuous improvement analysis.</p> <p>5. All corrective actions will be completed by April 15, 2022.</p> <p>12VAC5-371-180 (A) Same POC F880 F- 880 Infection Prevention & Control CFR(s); 483.80(a)(1)(2)(4)(e)(f) State 12VAC5-371-180-(A)</p> <ol style="list-style-type: none"> 1. Clinical Educator immediately educated the staff member on proper handwashing and gloving during a medication pass on 03/02/2022. 2. All clinical staff will be audited on proper handwashing and use of gloves during medication administration. 3. Clinical Educator/designee will educate clinical team on performing handwashing and gloving during medication pour and pass. 4. The results of the audits will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous analysis. 5. All corrective actions will be completed by April 15, 2022. 	