

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NP</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER <b>MASONIC HOME OF VIRGINIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4101 NINE MILE ROAD RICHMOND, VA 23223</b>
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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

An unannounced biennial State Licensure Inspection was conducted 12/13/16 through 12/14/16. 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.

The census in this 67 bed facility was 25 at the time of the survey. The survey sample consisted of 3 current Resident reviews (Residents #1 through #3).

F 000

12 VAC 5-421-240 (A)-  
Dietary staff were witnessed to be handling food without proper hair and beard restraints.

Upon receiving notification from surveyor that a beard restraint was not found on employee D, Director of Dining surveyed all kitchen staff with facial hair and immediately provided them with a beard restraint the same day of the finding. Since this time, staff with facial hair remain with a beard restraint while in our kitchen. Employee E now wears a hairnet, with a black cap over the hairnet to ensure the hair is fully covered and protected from food. Residents had the potential to be harmed by this finding. Hair could have contaminated the food and potentially created a choking hazard.

By January 15, all kitchen staff will have completed a mandatory inservice explaining the hygiene practice regulation 12 VAC 5-421-240 (A). Signed inservice copies will be retained in each employee's personnel file.

(CONTINUED ON PAGE 2)

F 001 Non Compliance

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

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:

Food Regulations - Hygienic Practices

12 VAC 5- 421-240 (A)

On 12/13/16 at 11:50 A.M. a tour was conducted of the facility kitchen. The facility staff was preparing raw chicken and vegetables. The cook (Employee E) had a full beard and moustache which was about a quarter inch in length. He was not wearing a beard restraint. He leaned over the pans of chicken while transferring each piece by hand from the counter into the pan. In addition the other cook (Employee D) was observed leaning over a few pans of raw vegetables, preparing them for a subsequent meal. He wore a small black cap on the top circumference of his

F 001



1/9/2017

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

TITLE

(X6) DATE

State of Virginia

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NAME OF PROVIDER OR SUPPLIER  MASONIC HOME OF VIRGINIA	STREET ADDRESS, CITY, STATE, ZIP CODE 4101 NINE MILE ROAD RICHMOND, VA 23223
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F 001	<p>Continued From Page 1</p> <p>head. His unrestrained hair hung down about 2 inches from the top of his ears on the side and back of his head.</p> <p>The Director of Dining (Employee C) was present during the observation. When asked why the cooks weren't wearing hair restraints effectively, he stated, " he should have had a hairnet on and then a cap on top of it."</p> <p>On 12/116 at 10:30 A.M. in the activities room an interview was conducted with the facility Administrator (Employee A). He was asked about the importance of effectively restraining both facial and scalp hair. He stated, " It's clear that the regulation shows that any type of hair on the body should be restrained. It doesn't specify the length."</p> <p style="text-align: right;">1/9/2017</p> <p><i>[Signature]</i></p>	F 001	<p>Monitoring of expectations with this regulation will be audited as follows:</p> <ul style="list-style-type: none"> <li>- Director of Dining or his designee will ensure all associates are in compliance 3 times daily, mores specifically once per meal shift (Breakfast, Lunch and Dinner).</li> <li>- This audit will be completed 7 days per week, three times per day, for a 2-week period, beginning January 11 and ending January 24, 2017.</li> <li>- Upon completion of the daily audits on January 24, spots check will be completed three times per week during random meal shifts and days, until the 45th day from the beginning of the audit has been reached (February 25, 2017).</li> <li>- An audit form has been created to complete the above audits and will be retained by the Director of Dining and provided to the Administrator weekly and upon completion of the plan of correction.</li> <li>- Status of the monitoring and audit forms will be reported at the monthly Care Center Quality Assurance Meetings in January and February 2017.</li> <li>- Hairnets and beard restraints will continue to have a designated pickup location in the kitchen for ease of access in picking up at beginning of shift duty</li> <li>- All new employees will be inserviced by a Dining Management Team member on this hygiene practice policy prior to their first day of work.</li> </ul>	<p>1/25/17</p> <p><i>[Signature]</i></p>
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JAN 11 2017

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