

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2020
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NAME OF PROVIDER OR SUPPLIER OUR LADY OF HOPE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 13700 NORTH GAYTON ROAD RICHMOND, VA 23233
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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 2/25/20 through 2/27/20. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.</p> <p>The census in this 75 certified bed facility was 67 at the time of the survey. The survey sample consisted of 34 current resident reviews and four closed record 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: 12 VAC 5 - 371 - 140 D.2 - cross references to F 645 12 VAC 5 - 371 - 330 A, C - cross references to F 700 12 VAC 5 - 371 - 340 A - cross references to F 814 There is no cross reference for F 909.</p> <p>12VAC5-371-210. Nurse Staffing cross reference to F730.</p> <p>12VAC5-371-220. Nursing Services cross reference to F695.</p> <p>12VAC5-371-250. Resident Assessment and Care Planning cross reference to F641.</p> <p>12VAC5-371-260. Staff Development and Inservice Training cross reference to F947.</p>	F 001	<p>12 VAC 5-371-140 D.2 <input type="checkbox"/> Cross references to F645, D: PASARR screening from MD & ID CFR(s)</p> <ol style="list-style-type: none"> 1.Resident # 34 and #55 is a current resident in our facility with a screening. 2.All residents who are admitted with an indication of MI/MR to the facility are required to have a PASARR or other mental disorder screening. 3.Administrator has in-serviced admissions staff and social service staff to obtain a mental health screening prior to admissions. 4.Admissions director or designee will audit 100% those admitted to the facility x 3 weeks, and then review monthly to ensure proper paperwork and tracking has been done and report any findings in the QAPI meeting monthly. 5.Date of correction: April 3, 2020 	4/3/20

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

TITLE

(X6) DATE

Electronically Signed

03/13/20

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F 001	Continued From page 1 12VAC5-371-140. Policies and Procedures cross reference to F607.	F 001	<p>12 VAC 5-371-330 A,C <input type="checkbox"/> Cross references to F700, E: Quality of Care 1.Residents #9, #14, #45, #161, #162, #17, #27, and #55 beds have been inspected for possible areas of entrapment. And informed consent has been signed. 2.All residents in beds with bed rails are at risk. 3.Maintenance director or designee will assess all beds for possible areas of entrapment. Director of Nursing will have all residents in beds with bed rails to have a signed informed consent. 4.Director of Nursing or designee will do a 100% audit for bed rail informed consent on new admits x3 weeks, and then monthly after and report any findings in the QAPI meeting monthly. 5.Date of correction: April 3, 2020</p> <p>12 VAC 5-371-340 A <input type="checkbox"/> Cross references to F814, F: Dispose Garbage and Refuse Properly. 1.Dumpster area was cleaned up at time of survey. 2.Dumpster area is at risk for becoming unclean. 3.Administrator has in serviced maintenance and food service directors on keeping the dumpster areas free of debris and maintained clean daily. 4.Maintenance and food service directors will audit the dumpster area 2xs a day, x 3 weeks to ensure the areas is clean and sanitary. Maintenance and food service directors will then monitor the dumpster area daily and report any findings in the</p>	

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F 001	Continued From page 2	F 001	<p>QAPI meeting monthly. 5.Date of correction: April 3, 2020</p> <p>12 VAC 5-371-210 <input type="checkbox"/> Cross references to F730, E: Nurse Aide Perform Review -12 hr/yr In-Service. 1.Performance reviews for C.N.A. #1, #2, #3, #4, #5, #6, #7 have been complete. 2.All C.N.A.s must receive annual performance reviews. 3.Administrator has in-serviced Business office manager and IDT staff on following policy on annual employees <input type="checkbox"/> reviews. 4.Business office manager will audit 100% of annual reviews x 3 weeks to ensure they are being completed in the proper month. Business office manager or designee will then review monthly for employees review status and report any findings in the QAPI meeting monthly. 5.Date of correction: April 3, 2020</p> <p>12 VAC 5-371-220 - Cross references to F695, D: Respiratory/Tracheostomy Care and Suction 1.Resident # 163 oxygen is set to flow per physician prescribed rate at the time of survey. 2.All residents who are on oxygen in the facility are at risk. 3.Director of Nursing or designee has in serviced license nursing staff following physician orders and checking oxygen rates during their shift. 4.Director of Nursing or designee will audit 100% those on oxygen daily x 3 weeks, and then review monthly to ensure proper oxygen flow per physician orders and</p>	

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F 001	Continued From page 3	F 001	<p>report any findings in the QAPI meeting monthly. 5.Date of correction: April 3, 2020</p> <p>12VAC5-371-250. Resident Assessment and Care Planning cross reference to F641 Acknowledged</p> <p>12 VAC 5-371-260 <input type="checkbox"/> Cross references to F947, D: Required In-Service Training for Nurses Aides. 1.C.N.A. #3, #5 and #7 are up to date on their annual in-service training. 2.All C.N.A.s must have 12 hours of training annually, including dementia management and resident abuse prevention. 3.Administrator has in serviced the Director of nursing and the IDT staff on following policy on the required annual training. 4.Business office manager or designee will audit 100% C.N.A's annual training requirement x 3 weeks to ensure education is being complete. The Business office manager or designee will then review monthly employees records for completed education and report any findings in the QAPI meeting monthly. 5.Date of correction: April 3, 2020</p> <p>12 VAC 5-371-140 <input type="checkbox"/> Cross references to F607, D: Develop/Implement Abuse/Neglect Policies Abuse/ Neglect: 1.a. background check on C.N.A. #8 has been complete. b. references for LPN #5</p>	

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F 001	Continued From page 4	F 001	<p>and LPN#7 has been complete.</p> <p>2.All employees hired need a background check and 2 references.</p> <p>3.Administrator has in-serviced Business Office Manager and Talent Development Staff on following policy on obtaining background checks and references prior to an employee's first day.</p> <p>4.Business Office Manager will audit 100% of hires x 3 weeks, and then review monthly to ensure background checks and references are being complete prior to employment and report any findings in the QAPI meeting monthly.</p> <p>5.Date of correction: April 3, 2020</p>	