

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0242	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541			
(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 3/15/2022 through 3/17/2022. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 60 bed facility was 41 at the time of the survey. The survey sample consisted of 12 current 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Homes: 12 VAC 5-371-160-B cross reference to F 689 12 VAC 5-371-360-E cross reference to F842	F 001	This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by State and Federal law. F 689- 1. Cigarettes and lighter secured for Resident #22 and locked in lock box at nurses station on 3/19/2022. 2. Residents that smoke in the facility have a potential to be affected by this deficient practice. Director of Nursing and/or Designee completed audit of residents that smoke in the facility to		5/1/22

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

TITLE

(X6) DATE

Electronically Signed

04/18/22

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F 001	Continued From page 1	F 001	<p>ensure all smoking materials were secured by facility on 3/19/2022.</p> <p>3. Director of Nursing and/or Designee re-educated facility staff regarding F689-Free of Accident Hazards/Supervision/Devices to ensure resident's smoking materials were secured by facility staff.</p> <p>4. Director of Nursing and/or Designee will complete audit of smoking residents in the facility one time a week x 3 months to ensure smoking materials are secured by facility staff. Results of Audit will be brought to monthly Quality Assurance and Performance Improvement (QAPI) Meetings for review and revisions as necessary.</p> <p>F 842-</p> <p>1. Resident #8's documentation reviewed on 3/16/2022. Unable to complete late entry documentation. Resident #14's documentation reviewed on 3/16/2022. Unable to complete late entry documentation. Resident #28's documentation reviewed on 3/16/2022. Unable to complete late entry documentation. Resident #37's documentation reviewed on 3/16/2022. Unable to complete late entry documentation. Counseling/Education completed with Resident #8, #14, #28, and #37's nurses regarding documentation protocol and ensuring accuracy and completion of medical records.</p> <p>2. Residents that reside in the facility</p>		

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F 001	Continued From page 2	F 001	<p>have the potential to be affected by this deficient practice. Director of Nursing and/or Designee completed audit of the past 30 days of Medication Administration Records to ensure the facility provides a complete and accurate medical record for residents that reside in the facility.</p> <p>3. Director of Nursing and/or Designee re-educated licensed nursing staff regarding F842- Resident Records- Identifiable Information regarding documentation protocol and ensuring accuracy and completion of medical records.</p> <p>4. Director of Nursing and/or Designee will complete audit of resident's Medication Administration Record once a week x 3 months to ensure resident's records are accurate and complete. Results of Audit will be brought to monthly Quality Assurance and Performance Improvement (QAPI) Meetings for review and revisions as necessary.</p>		