

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0184</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARHAM HEALTH CARE &amp; REHAB CEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 E PARHAM ROAD</b> <b>RICHMOND, VA 23228</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
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 4/24/22 through 4/27/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 180 licensed bed facility was 153 at the time of the survey. The survey sample consisted of 58 resident 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-220 (H) cross reference to F-580 12VAC5-371-250 (G) cross reference to F-657 12VAC5-371-220 (C)(1) cross reference to F-686 12VAC5-371-220 (A) cross reference to F-692 12VAC5-371-110 (B)(3) cross reference to F-695 12VAC5-371-340 (A) cross reference to F-812 12VAC5-371-110 (J) cross reference to F-883 12VAC5-371-360 (E) cross reference to F-842</p> <p>12VAC5-371-75(B)(1)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to have evidence of a signed sworn statement, on or prior to hire, for 4 employees, Employee P, Employee Q, Employee V, and LPN H, in a sample of 25 employee records.</p>	F 001	<p>12VAC5-371-220 (H) cross reference to F-580 12VAC5-371-250 (G) cross reference to F-657 12VAC5-371-220 (C)(1) cross reference to F-686 12VAC5-371-220 (A) cross reference to F-692 12VAC5-371-110 (B)(3) cross reference to F-695 12VAC5-371-340 (A) cross reference to F-812 12VAC5-371-110 (J) cross reference to F-883 12VAC5-371-360 (E) cross reference to F-842</p> <p>F001 12vac5-371-75(B) ( 1 ) 1. Employee P, Employee Q ,Employee V , Employee H ,no longer employed in center. 2. Current residents in the center have</p>	6/7/22

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

TITLE

(X6) DATE

Electronically Signed

05/18/22

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F 001	<p>Continued From page 1</p> <p>The facility staff failed to obtain a sworn statement for Employee P, Employee Q, Employee V, and LPN H.</p> <p>The findings included:</p> <p>On 4/27/22, a review of 25 employee files was conducted and revealed the following:</p> <ol style="list-style-type: none"> <li>1. Employee P was hired on 10/1/21. There was no sworn statement provided for Employee P.</li> <li>2. Employee Q was hired on 5/28/21. There was no sworn statement provided for Employee Q.</li> <li>3. Employee V was hired on 8/31/20. There was no sworn statement provided for Employee V.</li> <li>4. LPN H was hired on 10/12/20. There was no sworn statement provided for LPN H.</li> </ol> <p>On 4/27/22, the Human Resources (HR) Director was interviewed and confirmed the hire dates for the 4 referenced facility staff members. The HR Director stated, "We obtain a sworn statement from each employee before they are hired, they are stating that they do not have any criminal or legal issues that would keep them from working with the elderly who are vulnerable". The HR Director stated, "I concur that [Employee P, Employee Q, Employee V, and LPN H] did not have a sworn statement that was obtained on or prior to their date of hire, there is no sworn statement in their personnel file".</p> <p>On 4/27/22, the Facility Administrator and Director of Nursing were informed of the findings. No further information was provided.</p>	F 001	<p>the potential to be affected.</p> <ol style="list-style-type: none"> <li>3. Regional human resource director or designee will educate the Human resource manager regarding the need to obtain sworn statement prior to hire.</li> <li>4. Administrator or designee will complete weekly reviews of new hires to ensure Sworn statement have been obtained.</li> <li>5. Results of the reviews will be presented to the QAPI Committee for review and recommendation, once the committee determines the problem no longer exists the review will be conducted on a random basis</li> <li>6. Date of compliance 6/7/22</li> </ol> <p>The Administrator and Director of Nursing are responsible for implementation of the plan of correction.</p> <p>F001 12 VACS5 -371-75-(B) (3)</p> <ol style="list-style-type: none"> <li>1. Criminal Background checks have been obtained for Facility Administrator, employee S criminal background check was completed . Employee D Employee Q Employee G are no longer employed in center.</li> <li>2. Current residents in the center have the potential to be affected</li> <li>3. Regional Human resource director or designee will educate Human resource manager regarding the need to obtain criminal background checks upon hire .</li> <li>4. Administrator or designee will complete weekly review of new hire employees to ensure background checks have been obtained .</li> <li>5. Results of the reviews will be presented to the QAPI Committee for</li> </ol>	
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F 001	<p>Continued From page 2</p> <p>12VAC5-371-75 (B)(3)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a criminal record report from the Virginia Department of State Police within 30 days of hire for 5 employees, the Facility Administrator, RN D, LPN G, Employee Q, and Employee S, in a sample of 25 employee records reviewed.</p> <p>The facility staff failed to obtain a criminal background check within 30 days of hire for the Facility Administrator, RN D, LPN G, Employee Q, and Employee S.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. The Facility Administrator was hired on 6/23/21. There was no criminal background check provided for the Facility Administrator. Therefore, from 6/23/21 to present, facility staff are unaware of the Facility Administrator's criminal background status.</li> <li>2. RN D was hired on 3/2/20 and terminated on 9/18/21. There was no criminal background check provided for RN D. Therefore, from 3/2/20-9/18/21, facility staff was unaware of RN D's criminal background status and was permitted to provide direct care to Residents.</li> <li>3. LPN G was hired on 9/6/21 and terminated on 2/15/22. There was no criminal background check provided for LPN G. Therefore, from 9/6/21-2/15/22, facility staff was unaware of LPN G's criminal background status and was permitted to provide direct care to Residents.</li> <li>4. Employee Q was hired on 5/28/21. There was</li> </ol>	F 001	<p>review and recommendation, once the committee determines the problem no longer exists the review will be conducted on a random basis</p> <ol style="list-style-type: none"> <li>6. Date of compliance 6/7/22</li> </ol> <p>The Administrator and Director of Nursing are responsible for implementation of the plan of correction.</p> <p>F 001 12 VACS5 -371-140(E)(3) )(a)</p> <ol style="list-style-type: none"> <li>1. Personal Record for Center administrator is currently accurate and complete</li> <li>2. Current residents have the potential to be affected .</li> <li>3. Regional Human resources director Will educate Human resource manager requiring all personnel records be accurate and complete upon hire .</li> <li>4. Regional Human resource director or designee will complete review of all newly hired administrative staff to ensure complete and accurate personnel record .</li> <li>5. Results of the reviews will be presented to the QAPI Committee for review and recommendation, once the committee determines the problem no longer exists the review will be conducted on a random basis</li> <li>6. Date of compliance 6/7/22</li> </ol> <p>The Administrator and Director of Nursing are responsible for implementation of the plan of correction.</p> <p>F 001 12 VAC5-371-210 (E)</p> <ol style="list-style-type: none"> <li>1. RN #C RN #E no longer employed in center . LPN #E professional license active and in good standing . LPN #L</li> </ol>	
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F 001	<p>Continued From page 3</p> <p>no criminal background check provided for Employee Q.</p> <p>5. Employee S was hired on 6/28/21. There was no criminal background check provided for Employee S. Therefore, from 6/28/21 to present, facility staff are unaware of Employee S's criminal background status.</p> <p>On 4/27/22, an interview was conducted with the Human Resources (HR) Director who confirmed the hire dates for the 5 referenced facility staff members. The HR Director stated, "We get criminal background checks on everyone before they are hired to be sure there is no criminal history, no history of abuse or barrier crimes, we want to make sure that they can be trusted and to ensure the safety of our residents". The HR Director verified that the Facility Administrator, RN D, LPN G, Employee Q, and Employee S did not have a criminal background report within 30 days of their respective hire dates and there was no criminal background check in their personnel files.</p> <p>Review of the facility's policy entitled, "Abuse/Neglect/Misappropriation/Crime", "Prevention/Screening Training", effective date 06/20/16, subtitle, "Policy" states, "The Administrator promotes the prevention of abuse and neglect and misappropriation of property by performing background checks on all employees..." and "Procedure: 1. Criminal background and reference checks are performed on all employees".</p> <p>On 4/27/22, the Facility Administrator and Director of Nursing were informed of the findings. No further information was provided.</p>	F 001	<p>professional license active and in good standing .</p> <p>2. Current residents have potential to be affected</p> <p>3. Regional Human resources director Will educate Human resource manager requiring all professional license be verified prior to hire</p> <p>4. Regional Human resource director or designee will complete random review of new hired staff to ensure professional license verification has occurred if necessary</p> <p>5. Results of the reviews will be presented to the QAPI Committee for review and recommendation, once the committee determines the problem no longer exists the review will be conducted on a random basis</p> <p>6. Date of compliance 6/7/22 The Administrator and Director of Nursing are responsible for implementation of the plan of correction.</p> <p>F 001 12 VACS5 -371-290 (B)</p> <p>7. Employee # R professional license is active and in good standing .</p> <p>8. Current residents have potential to be affected</p> <p>9. Regional Human resources director Will educate Human resource manager requiring all professional license be verified prior to hire and upon renewal date .</p> <p>10. Regional Human resource director or designee will complete random review of staff to ensure professional license verification has been completed with appropriate update if necessary</p>	

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F 001	<p>Continued From page 4</p> <p>12VAC5-371-140 (E)(3)(a)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to provide and maintain an accurate and complete personnel record for 1 administrative staff member, the Facility Administrator, in a sample of 3 administrative staff personnel records reviewed.</p> <p>For the Facility Administrator, the facility staff failed to provide a complete and accurate personnel record to include professional license verification and a criminal record check.</p> <p>The findings included:</p> <p>On 4/27/22, in the course of staff record reviews, the professional license verification and criminal background check for the Facility Administrator was requested from the Human Resources (HR) Director.</p> <p>The HR Director confirmed the Facility Administrator's hire date as 6/23/21 and stated she did not have a copy of a professional license verification or a criminal background check and it was not in her personnel file. The HR Director stated, "The purpose of obtaining a license verification is to make sure that we are hiring qualified people to take care of our residents and to ensure there is no disciplinary action on their license".</p> <p>On 4/27/22, the Facility Administrator and Director of Nursing were informed of the findings. No further information was provided.</p>	F 001	<p>11. Results of the reviews will be presented to the QAPI Committee for review and recommendation, once the committee determines the problem no longer exists the review will be conducted on a random basis</p> <p>12. Date of compliance 6/7/22</p> <p>The Administrator and Director of Nursing are responsible for implementation of the plan of correction.</p> <p>F 001 12vac5 -371-160 (B)</p> <p>1. Professional Liability insurance has been amended in accordance with Code of Virginias total amount recoverable due to malpractice event</p> <p>2. Center has potential to be affected</p> <p>3. Vice president operations or designee will educate Administrator on professional Liability insurance</p> <p>4. Administrator or designee will review Liability insurance is in accordance with Code of Virginias total amount recoverable due to malpractice event</p> <p>5. Results of the reviews will be presented to the QAPI Committee for review and recommendation, once the committee determines the problem no longer exists the review will be conducted on a random basis</p> <p>6. Date of compliance 6/7/22</p> <p>The Administrator and Director of Nursing are responsible for implementation of the plan of correction.</p>	

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F 001	<p>Continued From page 5</p> <p>12VAC5-371-210 (E)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the professional license, prior to providing direct resident care, for 4 nurses, RN C, RN E, LPN E, and LPN L, in a sample of 10 staff nurse personnel records reviewed.</p> <p>The facility staff failed to verify the professional license was active and in good standing for RN C, RN E, LPN E, and LPN L prior to allowing them to provide direct resident care.</p> <p>The findings included:</p> <p>On 4/24/22, a review of staff nursing records was conducted with the following results:</p> <p>1. RN C was hired on 2/7/22 and terminated on 3/31/22. There was no professional license verification for RN C. Therefore, from 2/7/22-3/31/22, facility staff was unaware if RN C's professional nursing license was active and in good standing. RN C was permitted to provide direct care to Residents.</p> <p>2. RN E was hired on 8/9/21. RN E's professional license verification was dated 8/4/21, however there was notation made by the Virginia Department of Health Professions for "Additional Public Information" which indicated a potential for professional disciplinary action. RN E was terminated from employment with the facility on 12/4/21. Therefore, from 8/9/21-12/4/21, facility staff was unaware if RN E's professional nursing license was unsanctioned and in good standing. RN E was permitted to provide direct care to Residents.</p>	F 001		

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F 001	<p>Continued From page 6</p> <p>3. LPN E was hired on 12/16/19. LPN E's professional license verification was dated 2/25/20. Therefore, from 12/16/19-2/25/20, facility staff was unaware if LPN E's professional nursing license was active and in good standing. LPN E was permitted to provide direct care to Residents.</p> <p>4. LPN L was hired on 3/15/22. LPN L's professional license verification was dated 3/6/22, however there was notation made by the Virginia Department of Health Professions for "Additional Public Information" which indicated a potential for professional disciplinary action. Therefore, from 3/15/22 to present, facility staff are unaware if LPN L's professional nursing license is unsanctioned and in good standing. LPN L is permitted to provide direct care to Residents.</p> <p>An interview was conducted with the Human Resources (HR) Director who confirmed the findings. The HR Director stated, "The purpose of obtaining a license verification is to make sure that we are hiring qualified people to take care of our residents and to ensure there is no disciplinary action on their license".</p> <p>On 4/27/22, the Facility Administrator and Director of Nursing were informed of the findings. No further information was provided.</p> <p>12VAC5-371-290 (B)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify the professional license, prior to providing direct resident care, for 1 physical therapist, Employee R, in a sample of 2 staff physical</p>	F 001		

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F 001	<p>Continued From page 7</p> <p>therapist personnel records reviewed.</p> <p>The facility staff failed to verify the professional license was active and in good standing for Employee R prior to allowing him to provide direct resident care.</p> <p>The findings included:</p> <p>On 4/24/22, a review of Employee R's employee record was conducted. Employee R was hired on 5/17/21. Employee R's professional license verification was dated 6/15/21. Therefore, from 5/17/21-6/15/21, facility staff was unaware if Employee R's license was active and in good standing. Employee R was permitted to provide direct care to Residents beginning on 5/17/21.</p> <p>An interview was conducted with the Human Resources (HR) Director who confirmed the hire date for Employee R. The HR Director stated, "The purpose of obtaining a license verification is to make sure that we are hiring qualified people to take care of our residents and to ensure there is no disciplinary action on their license".</p> <p>On 4/27/22, the Facility Administrator and Director of Nursing were informed of the findings. No further information was provided.</p> <p>12VAC5-371-160 (B)</p> <p>Based on staff interviews and facility documentation review, the facility failed to have adequate professional liability insurance in accordance with the Code of Virginia's total amount recoverable due to a malpractice event.</p> <p>The findings included:</p>	F 001		



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F 001	<p>Continued From page 8</p> <p>On 4/25/22, the facility Administrator provided Surveyor F with a copy of the facility's liability insurance policy. This policy had a professional liability coverage amount of \$1 million, per occurrence and "general aggregate" (the maximum amount of money a liability insurance policy will pay in a given policy term) of \$3 million. This was noted to not meet the regulatory requirement.</p> <p>On 4/25/22 at 4:06 PM, Surveyor F conducted an interview with the facility Administrator. The facility Administrator stated that liability insurance is needed "To cover us if anything was to happen by staff". The Administrator stated she was not really aware of the insurance limit requirements and said, "I don't have anything to do with it. I will reach out to the people who does". The Administrator was advised the facility coverage amount for professional liability does not meet the requirement of \$2.5. A copy of the facility policy was requested.</p> <p>On 4/26/22 at 7:55 AM, Surveyor F provided the regulatory requirements from the Code of Virginia to the facility Administrator and Regional Director of Operations as requested, which specified the coverage requirements.</p> <p>The facility policy regarding facility liability insurance/coverage was requested but not received prior to the conclusion of the survey.</p> <p>The Code of Virginia Section § 8.01-581.15 read, "Limitation on recovery in certain medical malpractice actions In any verdict returned against a health care provider in an action for malpractice where the act or acts of malpractice occurred on or after August 1, 1999, which is tried</p>	F 001		

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F 001	<p>Continued From page 9</p> <p>by a jury or in any judgment entered against a health care provider in such an action which is tried without a jury, the total amount recoverable for any injury to, or death of, a patient shall not exceed the following, corresponding amount:... July 1, 2021, through June 30, 2022 \$2.50 million..."</p> <p>On 4/25/22 and on 4/27/22, the facility Administrator and Corporate staff were notified of the findings.</p> <p>No further information was received.</p>	F 001		