

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0258	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2022
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NAME OF PROVIDER OR SUPPLIER PETERSBURG HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 287 EAST SOUTH BOULEVARD PETERSBURG, VA 23805
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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 04/12/22 through 04/15/22. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 120 licensed bed facility was 98 at the time of the survey. The survey sample consisted of 40 resident reviews and 33 staff records.</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:</p> <p>12VAC5-371-220 (H). Please cross reference to F580.</p> <p>12VAC5-371-250 (C). Please cross reference to F657.</p> <p>12VAC5-371-220 (D). Please cross reference to F677.</p> <p>12VAC5-371-280 (A). Please cross reference to F679.</p> <p>12VAC5-371-220 (A)&(C)(4)(5). Please cross reference to F692.</p> <p>12VAC5-371-270 (A). Please cross reference to F745.</p> <p>12VAC5-371-180 (A). Please cross reference to F880.</p> <p>12VAC5-371-110 (J). Please cross reference to</p>	F 001	<p>Refer to CMS 2567 F580</p> <p>Refer to CMS 2567 F657</p> <p>Refer to CMS 2567 F677</p> <p>Refer to CMS 2567 F679</p> <p>Refer to CMS 2567 F692</p> <p>Refer to CMS 2567 F745</p> <p>Refer to CMS 2567 F880</p> <p>Refer to CMS 2567 F883</p>	5/27/22

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

TITLE

(X6) DATE

Electronically Signed

05/09/22

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F 001	<p>Continued From page 1</p> <p>F883.</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 total amount recoverable due to a malpractice event.</p> <p>The findings included:</p> <p>On 4/12/22, the facility Administrator provided Surveyor B with a copy of the facility's liability insurance policy. This policy had a professional liability coverage amount of \$1 million, per occurrence. This was noted to not meet the regulatory requirement.</p> <p>On 4/13/22 at 2:45 PM, Surveyor B conducted an interview with the facility Administrator. The facility Administrator stated that liability insurance is needed "To cover any malpractice injuries that occur within the facility". The Administrator was asked if he had any knowledge of the required coverage limits, he stated, "Not really, but I can look it up". The Administrator was advised the facility coverage amount for professional liability does not meet the requirement of \$2.5. The Administrator stated, "I will reach out to our corporate office and see if they can provide another one to afford to you".</p> <p>On 4/13/22 at 3:04 PM, Surveyor B received a call from the facility Administrator asking to conference his corporate staff into the call to discuss the liability insurance policy. Surveyor B</p>	F 001	<p>1 The facility increased current liability policy to meet state requirement effective 3-1-2022 thru 3-1-2023</p> <p>2 All resident currently residing, staff, and visitors in this facility have the potential to be affected by deficient practice</p> <p>3 The Administrator or designee would review the state requirements for professional liability prior to each renewal.</p> <p>4 The Administrator or designee would review and audit the state requirements and educate staff annually.</p> <p>5 Completion Date: 5/27/2022</p> <p>1 The Administrator or designee would review and audit the state requirements and educate staff annually. Identified staff completed mandated annual in-service training on May 6, 2022</p> <p>2 All staff have the potential to be affected by this deficient practice. 100 % audit of employee training audits will be completed to identify staff that have not completed mandated annual trainings.</p> <p>3 HR or designee would review the state requirements for mandated training and ensure all staff completed these trainings via Relias or classroom setting upon new hire orientation or annually thereafter.</p>	

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F 001	<p>Continued From page 2</p> <p>agreed. Employee F, the Vice President of Legal Affairs joined the call. Employee F confirmed that the facility currently has a professional liability coverage of \$1 million (\$1,000,000) per occurrence with an aggregate of \$20 million (\$20,000,000). Employee F asked Surveyor B to provide the facility Administrator with the regulatory requirements, which indicate a requirement of \$2.5 million (\$2,500,000), and she [Employee F] would call their insurance carrier. Surveyor B provided the regulatory requirements from the Code of Virginia as requested.</p> <p>On 4/13/22, a copy of the facility policy with regards to having liability insurance was requested.</p> <p>On 4/13/22 at approximately 5:00 PM, during the end of day meeting the facility Administrator was again made aware of the above noted concerns. The facility Administrator indicated that they do not have a facility policy with regards to liability insurance.</p> <p>On 4/13/22 at 6:50 PM, the facility Administrator submitted another certificate of liability insurance. This document was reviewed, with no noted change to the coverage amount.</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 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:...</p>	F 001	<p>4 The HR or designee would review and audit employee training files upon hire and annual reviews for mandated trainings 3 x week for 4 weeks and monthly x 2 and findings will be brought to QAPI for review and further recommendations x1 month.</p> <p>5 Completion Date: 5/27/2022</p>	
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F 001	<p>Continued From page 3</p> <p>July 1, 2021, through June 30, 2022 \$2.50 million..."</p> <p>On 4/13/22 and 4/14/22, the facility Administrator was notified of the findings.</p> <p>No further information was received.</p> <p>12VAC5-371-260 (B)(5)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to ensure resident care staff received annual in-service training for 5 employees, Employee G, Employee C, LPN E, CNA B, and CNA C, in a sample of 5 employees training records reviewed.</p> <p>The facility staff failed to ensure completion of mandated annual in-service training for Employee G, Employee C, LPN E, CNA B, and CNA C.</p> <p>The findings included:</p> <p>On 4/15/22, a copy of facility training records was reviewed by Surveyor E for the selected employee sample and revealed, in the years 2020 and 2021, the following:</p> <p>None of the 5 staff members had any evidence of any training with regards to restraint usage other than upon new hire orientation of clinical staff.</p> <p>All of the selected staff had worked at the facility for multiple years, except Employee G. Employee G had been employed for one year, but did was not given training with regards to restraints in orientation because he was not a</p>	F 001		

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F 001	<p>Continued From page 4</p> <p>clinical staff member.</p> <p>On 4/15/22 at 9:44 AM, Employee D, the Human Resources (HR) Manager and Employee E, the Regional Senior Mobile Human Resources Manager, were made aware of the missing training documents. They were notified that none of the employees had evidence of restraint training.</p> <p>On 4/15/22 at 12:04 PM, an interview was conducted with Employees D and E, who were HR managers. Both said the only evidence of restraint training they had available was during the clinical orientation for nursing departmental employees. When asked if they expected staff to have annual training with regards to restraints, Employee E said, "I don't really know, we don't control the training at this level that is done at corporate. We just make sure they do what is showing as being due".</p> <p>On 4/15/22 at 11:28 AM, the facility Administrator was made aware of the findings.</p> <p>No further information was provided.</p>	F 001		