

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/23/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING AND REHAB (RICHM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2125 HILLIARD ROAD RICHMOND, VA 23228</b>
---	---

(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 5/17/22 through 5/20/22 and 5/23/22. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 194 bed facility was 167 at the time of the survey. The survey sample consisted of 41 current resident reviews, and 11 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: The facility was not in compliance with the following cross-referenced Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-150 (A). Resident rights Cross reference to F607, F609, and F610</p> <p>12VAC5-371-170 (A) (B) (C). Quality assessment and assurance. Cross reference to F868.</p> <p>12VAC5-371-220 (A) (B) (H). Nursing Services Cross reference to F580, F684, F692, F698 and F888.</p> <p>12VAC5-371-260 (B) (D) (G). Staff development and inservice training Cross reference to F730 and F947.</p> <p>12VAC5-372-250 (A). Resident Assessment and Care Planning</p>	F 001	<p>12VAC5-371-150 (A). Residents rights cross reference to F607, F609, and F610</p> <p>12VAC5-371-170(A)(B)(C). Quality assessment and assurance. Cross reference to F868.</p> <p>12VAC5-371-220(A)(B)(H). Nursing Services Cross reference to F580, F684, F692, F698 and F888.</p> <p>12VAC5-371-260(B)(D)(G). Staff development and inservice training Cross reference to F730 adn F947.</p> <p>12VAC5-372-250(A). Resident Assessment and Care Planning</p>	

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

*Joe Catrambone*

TITLE

Administrator

(X6) DATE

6/10/2022

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/23/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING AND REHAB (RICHM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2125 HILLIARD ROAD RICHMOND, VA 23228</b>
---	---

(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 001	<p>Continued From page 1</p> <p>Cross reference to F656.</p> <p>12VAC5-371-310 (B). Diagnostic Services Cross reference to F776.</p> <p>12VAC5-371-340 (A). Dietary and Food Service Program Cross reference to F692.</p> <p>12VAC5-371-360 (E). Clinical Records Cross reference to F622.</p> <p>And, the the facility was not in compliance with the following Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-140 (B) Policies and Procedures:</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to evidence annual review of policies and procedures in accordance with the laws of the State of Virginia.</p> <p>The findings included:</p> <p>On 5/18/22 at approximately 9:00 AM, the facility's "Annual Review and Approval" for policies and procedures form was provided by ASM (administrative staff member) #1, the administrator. The form had review dates of 1/1/2017, 1/1/2018, 1/1/2019 however there were no review dates since 1/1/2019.</p> <p>An interview was conducted on 5/18/22 at 9:00 AM with ASM #1, the administrator. When asked the purpose of the annual review of the policies and procedures, ASM #1 stated, "It is to make sure they are up to date, accurate and everyone is aware of them. We did not review them this</p>	F 001	<p>continued from page 1</p> <p>Cross reference to F656.</p> <p>12VAC5-371-310(B). Diagnostic Services Cross reference to F776.</p> <p>12VAC5-371-340 (A). Dietary and Food Service Program Cross reference to F692.</p> <p>12VAC5-371-360 (E). Clinical Records Cross reference to F622.</p> <p>12VAC5-371-140 (B) Policies and Procedures:</p> <ol style="list-style-type: none"> <li>1. The Administrator reviewed the facility policy and procedures on 6-9-22 with the QAPI committee.</li> <li>2. The Administrator has created a calendar to review the facility policy and procedures annually.</li> <li>3. The Regional Director of Operations has re-educated the Administrator on the annual review of the facility policies and procedures.</li> <li>4. The Administrator or designee will monitor the facility hub weekly four times to validate that no new policy updates have occurred. The Administrator will submit audit findings to the QAPI committee for review and further recommendations.</li> </ol>	6/30/2022
-------	---	-------	---	-----------

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/23/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING AND REHAB (RICHM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2125 HILLIARD ROAD RICHMOND, VA 23228</b>
---	---

(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 001	<p>Continued From page 2</p> <p>year. I am going to get to it as soon as possible." When asked, the last review date on this form is January 2019, does that mean they have not been reviewed since that date, ASM #1 stated, "Yes it does."</p> <p>On 5/20/22 at approximately 5:30 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and OSM #2, the director of human resources were made aware of the findings of the employee record review.</p> <p>No further information was provided prior to exit.</p> <p>A request was made for policy related to annual review of policies and procedures on 5/23/22. No policy was provided.</p> <p>The state regulation 12VAC5-371-140 revealed "B. All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval. C. A written record of the annual policy review, including at least the review dates and participants, recommendations and action dates, of the governing body, shall be maintained."</p> <p>12VAC5-371-140 (E.3) Policies and Procedures.</p> <p>Based on staff interview and facility document review, it was determined that the facility staff failed to evidence current professional certification/license in accordance with the laws of the State of Virginia, for one of 25 employee records reviewed.</p> <p>The findings included:</p> <p>On 5/18/22 at approximately 12:15 PM, the</p>	F 001	<p>12VAC5-371-140 (E.3) Policies and Procedures.</p> <ol style="list-style-type: none"> <li>1. CNA #1 license verification was validated on 3-1-22.</li> <li>2. The Human Resource Director or designee will audit current nurse aides to validate active license verification</li> <li>3. The Administrator has re-educated the Human Resource Director on the policy and procedure for license verification and renewal prior to expiration</li> <li>4. The Human Resource Director will audit nurse aide licenses weekly times four weeks to validate active status.</li> </ol>	6/30/22
-------	--	-------	--	---------

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/23/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING AND REHAB (RICHM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2125 HILLIARD ROAD RICHMOND, VA 23228</b>
---	---

(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 001	<p>Continued From page 3</p> <p>employee records for newly hired employees within the past two years were reviewed. Review of the employee records failed to produce evidence of current professional certification for one staff member, certified nursing assistant #1 (CNA #1).</p> <p>The employee identified was:</p> <p>CNA (certified nursing assistant) #1's employee record documented they were hired as a CNA with the facility on 10/7/20. Further review of CNA #1's employee record evidenced a primary source verification from the Virginia Department of Health Professionals for a certified nursing assistant with expiration date of 2/28/22. The license was pulled from the Department of Health Professionals web site on 2/28/22.</p> <p>An interview was conducted on 5/18/22 at 1:15 PM, with OSM (other staff member) #2, the director of human resources. When asked if she had copies of primary source verification that was not in the employee record, OSM #2 stated, "Some have not been filed. I am looking through those documents." When asked the process for obtaining and maintaining current certification/licensure, OSM #2 stated, "Our process is to pull their license when they come for the interview, check references, obtain background check and drug screen."</p> <p>An interview was conducted on 5/18/22 at 9:20 AM with OSM #2. When asked if a current certification/license had been found for CNA #1, OSM #2 stated, "Yes, here it is" and provided evidence of a primary source verification from the Virginia Department of Health Professionals for a certified nursing assistant with expiration date of 2/28/23. The license was pulled from the</p>	F 001		
-------	--	-------	--	--

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/23/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING AND REHAB (RICHM</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2125 HILLIARD ROAD</b> <b>RICHMOND, VA 23228</b>		
(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 001	<p>Continued From page 4</p> <p>Department of Health Professionals web site on 3/1/22. When explained that the license was pulled after the expiration date, OSM #2 stated, "Most of the time we suspend them in the system if they do not have proof of current licensure. Let me check. I do not see where she was suspended in the system."</p> <p>An interview was conducted on 5/18/22 at 12:20 PM, with OSM #2. When asked if there was any further information, OSM #2 stated, no, I do not have anything else.</p> <p>On 5/18/22, a request was made for a facility policy regarding certification/licensure checks; no policy was provided.</p> <p>On 5/20/22 at approximately 5:30 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and OSM #2, the director of human resources were made aware of the findings of the employee record review.</p> <p>No further information was provided prior to exit.</p>	F 001			