

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2022</b>
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>		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated survey was conducted on 06/29/2022 through 07/01/2022. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint (VA00055527 unsubstantiated) was investigated during the survey.  The census in this 180 certified bed facility was 145 at the time of the survey. The survey sample consisted of 6 resident reviews.	F 000			
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review, and in the course of a complaint investigation, the facility staff failed to implement their abuse policy for screening staff for 1 employee (Employee #2) out of 8 employees. Specifically, the facility staff failed to obtain criminal background check.	F 607	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of	7/14/22	

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

TITLE

(X6) DATE

Electronically Signed

07/09/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 607	<p>Continued From page 1</p> <p>The findings included:</p> <p>On 06/29/2022, the facility provided a copy of their policy entitled, "Abuse/Neglect/Misappropriation/Crime." In Section 1 under the header "Procedure", it was documented, "Criminal background and reference checks are performed on all employees."</p> <p>On 07/01/2022 at approximately 9:00 A.M., a review 8 employee files revealed the following:</p> <p>Employee #2, a Temporary Nurse Aide (TNA) with a hire date of 01/12/2022, did not have a criminal background check or reference checks on file. At approximately 10:30 A.M., the administrator provided a copy of a criminal background check dated 07/01/2022 which resulted in no identifiable records.</p> <p>On 07/01/2022 at approximately 11:30 A.M., the administrator was notified of findings and submitted no further documentation.</p>	F 607	<p>correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F Tag 607</p> <ol style="list-style-type: none"> <li>1. Criminal Background check and employee reference checks are in place for employee #2</li> <li>2. A review of new employee hires for the last 30 days will be conducted to ensure all required preemployment documents are completed and located in the personnel files.</li> <li>3. Regional Human Resource director or designee will educate Human Resource Manager regarding the need to obtain criminal background check and obtain reference checks upon hire .</li> <li>4. Administrator or designee will complete weekly review of new hire employees to ensure background checks and reference checks 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 7/14/22</li> </ol>		