

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HEALTH CARE CENTER LUCY CORR

**6800 LUCY CORR BLVD
CHESTERFIELD, VA 23832**

(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 survey was conducted in the facility from 1-31-23 through 2-7-23. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 216 licensed bed facility was 183 at the time of the survey. The survey sample consisted of 73 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: F 575- cross reference to 12 VAC 5-371-150(C). F 661- cross reference to 12 VAC 5-371-360(E) (11). F 677- cross reference to 12 VAC 5-371-200(D) F 686- cross reference to 12 VAC 5-371-200(C) (1) F 697- cross reference to 12 VAC 5-371-200(A) F 790 - cross reference to 12 VAC 5-371-320(A) 12 VAC 5-371-210 (F)(1) Based on staff interview and record review, the facility staff failed for one Certified Nursing Assistant (CNA) of 19 certified staff to verify a current certification to practice with the Department of Health Professions. The findings included: CNA (B) was hired on 5-23-22. Her certification was not checked until 12-22-22.	F 001	F001 F 575- cross reference to 12 VAC 5-371-150(C). F 661- cross reference to 12 VAC 5-371-360(E)(11). F 677- cross reference to 12 VAC 5-371-200(D) F 686- cross reference to 12 VAC 5-371-200(C)(1) F 697- cross reference to 12 VAC 5-371-200(A) F 790 - cross reference to 12 VAC 5-371-320(A) 12 VAC 5-371-210 (F)(1) Corrective Action(s): The certification of C.N.A. #19 was	3/27/23

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

Electronically Signed

TITLE

(X6) DATE

02/22/23

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F 001	<p>Continued From page 1</p> <p>The issue was reviewed with the Human Resources Manager on 2-3-23 at 1:30 p.m. She stated that she had no further documentation.</p> <p>The Administrator was notified of the issue at 3:10 p.m. on 2-3-23.</p> <p>12VAC5-371-75(B)(1)</p> <p>Based staff interview and record review, the facility staff failed for one Registered Nurse (RN) of 19 certified staff, to receive timely a signed sworn statement from RN (B) on or before hire.</p> <p>The findings included:</p> <p>RN (B) was hired on 3-14-22. Her sworn statement was not signed and obtained by facility staff until 3-26-22.</p> <p>The issue was reviewed with the Human Resources Manager on 2-3-23 at 1:30 p.m. She stated that she had no further documentation.</p> <p>The Administrator was notified of the issue at 3:10 p.m. on 2-3-23.</p>	F 001	<p>verified with the Department of Health Professions. The facility has completed a Risk Management Incident and Accident.</p> <p>Identification of Deficient Practice & Corrective Action(s):</p> <p>The facility has determined that all residents the potential to be affected.</p> <p>Systemic Change(s):</p> <p>The facility Policies and Procedures have been reviewed. No revisions are warranted at this time.</p> <p>The Administrator, or designee, will in-service all Human Resource Staff on the required verification of Nurse Aides prior to employment and yearly for certification to practice.</p> <p>Monitoring:</p> <p>The Administrator is responsible for maintaining compliance. The QA Program includes audit tool for monitoring compliance.</p> <p>The Administrator, or designee, will conduct an audit monthly for three (3) months for the verification of certification of all Nurse Aide new hires and Nurse aides due for certification renewal.</p> <p>Any/all negative findings will be communicated to the Administrator and Director of Nursing for corrective action. Aggregate findings of these audits will be provided to the Quality Assurance</p>	

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F 001	Continued From page 2	F 001	<p>Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.</p> <p>Completion Date: March 27, 2023</p> <p>12 VAC 5-371-75(B)(1)</p> <p>Corrective Action(s):</p> <p>The sworn statement for RN #B is in the employee record. The facility has completed a Risk Management Incident and Accident.</p> <p>Identification of Deficient Practice & Corrective Action(s):</p> <p>The facility has determined that all residents the potential to be affected.</p> <p>Systemic Change(s):</p> <p>The facility Policies and Procedures have been reviewed. No revisions are warranted at this time.</p> <p>Identification of Deficient Practice & Corrective Action(s):</p> <p>The Administrator, or designee, will in-service all Human Resource Staff on the required Sworn statement for employees prior to employment.</p>	

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F 001	Continued From page 3	F 001	<p>Monitoring:</p> <p>The Administrator is responsible for maintaining compliance. The QA Program includes audit tool for monitoring compliance.</p> <p>The Administrator, or designee, will conduct an audit monthly for three (3) months for the sworn statements for all new hires.</p> <p>Any/all negative findings will be communicated to the Administrator and Director of Nursing for corrective action. Aggregate findings of these audits will be provided to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.</p> <p>Completion Date: March 27, 2023</p>	