

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

PRINTED: 03/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495371	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/09/2021
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL-RICH CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 120 OLD VIRGINIA AVENUE RICH CREEK, VA 24147		
(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
E 000	Initial Comments A Recertification Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the Virginia Department of Health-Office of Licensure and Certification on 12/06/21 through 12/09/21. The facility was found to be in compliance with 42 CFR 483.73.	E 000			
F 000	INITIAL COMMENTS A Recertification survey was conducted by Healthcare Management Solutions, LLC on behalf of the Virginia Department of Health-Office of Licensure and Certification. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.	F 000			
F 761 SS=E	Survey Dates: 12/06/21 through 12/09/21 Survey Census: 113 Sample Size: 23 Supplemental Residents: 0 Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized	F 761			

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

TITLE

(X6) DATE

04/30/2023

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 761	<p>Continued From page 1</p> <p>personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and facility policy review, the facility failed to ensure medication/drugs were secured to prevent residents from potentially gaining access to them. This had the potential to affect 49 ambulatory residents in the facility with a census of 113.</p> <p>Findings include:</p> <p>On 12/06/21 at 4:00 PM a large (gallon size) white bag with medications marked "Omnicare Pharmacy" was sitting on the floor behind the nursing station. The top of the bag was sealed shut except for a three-inch portion large enough for the surveyor to get her hand in the bag. The bag remained behind the nursing station with no staff present from 4:00 PM through 4:26 PM.</p> <p>On 12/06/21 at 4:26 PM a pharmacy employee arrived to pick the bag of medications up and three Licensed Practical Nurses (LPNs)1, LPN2, and LPN3 arrived at the nursing station to assist with giving the pharmacy employee the medications. Each of the LPNs verified the medications were behind the nursing station unlocked and with no staff present to supervise</p>	F 761			

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F 761	<p>Continued From page 2 them.</p> <p>At 4:28 PM LPN1 and LPN3 stated the medications should have been locked in the medication storage room until the pharmacist arrived. The nursing station was located between Units A, B, and C and was open to the corridor on both ends of the nursing station.</p> <p>At 4:30 PM LPN2 provided a list of medications that were in the bag. Review of the medications revealed the bag contained 30 Mirtazapine (anti-depressant) F/C 15 milligrams (mg) tablets, 60 Trazadone (anti-depressant/sedative) 50 mg HCL tablets, 90 Omeprazole (for heartburn) 20 mg capsules, 23 Pantoprazole (for heartburn) Sodium tablets, and 13 Methenamine (for urinary tract infections) Hippurate 1-gram (gm) tablets. All the tablets were in blister packs.</p> <p>Review of the "Storage of Medications" policy with a revision date of April 2007 revealed it is the facility policy to keep all drugs and biologicals locked when not in use.</p> <p>A list of residents who were ambulatory, cognitively impaired and wander was requested from the Administrator. On 12/06/21 at 5:15 PM the Administrator provided a resident census sheet with the residents who were ambulatory, wanderers, cognitively impaired on Unit A, Unit B, and Unit C, on the 100 and 200 halls. Review of the list revealed the facility identified 49 ambulatory residents, of the 49 residents, five residents were identified as wanderers and seven residents were identified as having impaired cognition.</p>	F 761			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary	F 812			

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F 812	<p>Continued From page 3</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of the manufacturer's instructions for the sanitizer, the facility failed to maintain the sanitizing solution used to sanitize food preparation counters and work surfaces at a level to effectively sanitize surfaces in accordance with the manufacturer's instructions. This had the potential to affect 112 of the 113 residents of the facility who receive food from the dietary department. The facility identified one resident who received nothing by mouth.</p> <p>Findings include:</p> <p>On 12/06/21 at 11:15 AM observation in the kitchen revealed there was a red container of</p>	F 812			

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F 812	<p>Continued From page 4</p> <p>sanitizing solution with a wiping cloth inside. The solution measured 50 parts per million (ppm) of Oasis 146 Multi-Quat Sanitizer. The Dietary Director verified the sanitizer was too low and stated it should have been between 150 to 400 ppm.</p> <p>On 12/08/21 at 10:45 AM observation of the Assistant Dietary Director obtaining the sanitizing level of the wiping cloth container of sanitizer, and it measured less than 50 ppm. She verified it was not strong enough to sanitize the food contact surfaces. Just prior to the solution being measured Dietary Employee (DE) 4 was observed using the wiping cloth from the container to wipe off the food counter. At 10:45 PM she stated she was using the solution to clean and sanitize the food preparation counters.</p> <p>The manufacturer's instructions for the Eco Lab Oasis 146 Multi-Quat Sanitizer revealed the sanitizer should be 150 to 400 ppm to sanitize food contact surfaces.</p>	F 812			