

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2023
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NAME OF PROVIDER OR SUPPLIER RIVER VIEW ON THE APPOMATTOX HEALTH & REHA	STREET ADDRESS, CITY, STATE, ZIP CODE 201 EPPS STREET HOPEWELL, VA 23860
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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 2-28-23 through 3-9-23. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 124 licensed bed facility was 103 at the time of the survey. The survey sample consisted of 71 current and closed record resident 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:</p> <p>12 VAC 5-371-360 (B). Please cross reference to F583.</p> <p>12 VAC 5-371-250 (G). Please Cross Reference to F656.</p> <p>12 VAC 5-371-200 (B) (1) (ii). Please cross reference to F658.</p> <p>12 VAC 5-371-220 (D). Please Cross Reference to F677.</p> <p>12 VAC 5-371-220 (A). Please cross reference to F684.</p> <p>12 VAC 5-371-220 (C) (1). Please cross reference to F686.</p> <p>12 VAC 5-371-300 (A) Please Cross Reference to F755.</p>	F 001	<p>12 VAC 5-371-360 (B). Please cross reference to F583.</p> <p>12 VAC 5-371-250 (G). Please Cross Reference to F656.</p> <p>12 VAC 5-371-200 (B) (1) (ii). Please cross reference to F658.</p> <p>12 VAC 5-371-220 (D). Please Cross Reference to F677.</p> <p>12 VAC 5-371-220 (A). Please cross reference to F684.</p> <p>12 VAC 5-371-220 (C) (1). Please cross reference to F686.</p> <p>12 VAC 5-371-300 (A) Please Cross Reference to F755.</p>	4/23/23

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

TITLE

(X6) DATE

Electronically Signed

03/29/23

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F 001	<p>Continued From page 1</p> <p>12 VAC 5-371-300 (A). Please cross reference to F761.</p> <p>12 VAC 5-371-340 (A). Please cross reference to F812.</p> <p>12 VAC 5-371-180 (A) and (C) (2). Please cross reference to F880.</p> <p>12 VAC 5-371-75 (B) (3) Criminal records check.</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a criminal record check through the Virginia Central Criminal Records Exchange for 3 employees (Employee #10, #11, and #12) in a survey sample of 25 employees.</p> <p>The findings included:</p> <p>During the survey, reviews of 25 employee records were conducted. The reviews revealed that Employee #10 (a Dietary employee), Employee #11 (a Certified Nursing Assistant), and Employee #12 (A Certified Nursing Assistant) did not have a background check completed through the Virginia Central Criminal Records Exchange.</p> <p>An interview was conducted with the Human Resource Manager on 3-2-23 at approximately 4:00 p.m. The Human Resource Manager stated that the documents could not be found, and that the facility had nothing further to provide.</p> <p>The facility administration was informed of the findings during an end of day briefing on 3-3-23 at approximately 6:30 p.m. The facility did not present any further information about the findings.</p>	F 001	<p>12 VAC 5-371-300 (A). Please cross reference to F761.</p> <p>12 VAC 5-371-340 (A). Please cross reference to F812.</p> <p>12 VAC 5-371-180 (A) and (C) (2). Please cross reference to F880.</p> <p>12 VAC 5-371-75 (B) (3) Criminal records check.</p> <ol style="list-style-type: none"> 1) Employee #10, #11, and #12 no longer employed by center. 2) All residents have the potential to be affected by this deficient practice. The center will conduct a complete audit of current employee personnel files to verify that criminal record checks have been completed through the Virginia Central Criminal Records Exchange. 3) The Administrator will re-educate Human Resource manager on maintaining complete and accurate employee files to include criminal record checks. 4) The Administrator or designee will review new employee files weekly x 12 weeks to ensure that employee files are current with criminal record checks and report findings to the QAPI committee. 5) Date of compliance April 23,2023 <p>12 VAC 5-371-75 (B) (1) Sworn Statement.</p> <ol style="list-style-type: none"> 1) Employee #11 is no longer employed by center. 2) All residents have the potential to be affected by this deficient practice. The center will conduct a complete audit of current employee personnel files to verify that Sworn Statements have been 	

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F 001	<p>Continued From page 2</p> <p>12 VAC 5-371-75 (B) (1) Sworn Statement.</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a Sworn Statement affirmation in regard to the employee's criminal history, and any pending legal proceedings prior to hire for 1 employee (Employee #11) in a survey sample of 25 employees.</p> <p>The findings included:</p> <p>During the survey, reviews of 25 employee records were conducted. The reviews revealed that Employee #11 (a Certified Nursing Assistant), did not complete a sworn statement prior to hire.</p> <p>An interview was conducted with the Human Resource Manager on 3-2-23 at approximately 4:00 p.m. The Human Resource Manager stated that the documents could not be found, and that the facility had nothing further to provide.</p> <p>The facility administration was informed of the findings during an end of day briefing on 3-3-23 at approximately 6:30 p.m. The facility did not present any further information about the findings.</p> <p>12 VAC 5-371-210 (E) 12 VAC 5-371-210 (F) (1)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain licensure verification prior to hire, and to ensure the licenses were current for 1 Licensed Practical Nurse, 2 Certified Nursing Assistants,</p>	F 001	<p>completed prior to hire.</p> <p>3) The Administrator will re-educate Human Resource manager on maintaining complete and accurate employee files to include obtaining Sworn Statement prior to hire.</p> <p>4) The Administrator or designee will review new employee files weekly x 12 weeks to ensure that employee files are current with Sworn Statements obtained prior to hire and report findings to the QAPI committee.</p> <p>5) Date of compliance April 23,2023</p> <p>12 VAC 5-371-210 (E); (F) (1)</p> <p>1) Employee #13, #11, #15, #14, and #12 no longer employed by center.</p> <p>2) All residents have the potential to be affected by this deficient practice. The center will conduct a complete audit of current employee personnel files to verify that licensure verification was completed prior to hire and licenses are current as applicable.</p> <p>3) The Administrator will re-educate Human Resource manager on maintaining complete and accurate employee files to include licensure verification prior to hire and ensuring licenses are current.</p> <p>4) The Administrator or designee will review new employee files weekly x 12 weeks to ensure that employee files are current with licenses and that license verification was performed prior to hire and report findings to the QAPI committee.</p> <p>5) Date of compliance April 23,2023</p>	

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F 001	<p>Continued From page 3</p> <p>and 2 Registered Nurses. Those 5 certified/licensed employees found without license verification were (Employee #13, #11, #15, #14 and #12) in the survey sample of 25 employees.</p> <p>The findings included:</p> <p>During the survey, reviews of 25 employee records were conducted. The reviews revealed that Employee #13 (an LPN), Employee #11 (a CNA), Employee #12 (a CNA), Employee #14 (an RN), and Employee #15 (an RN) did not have a licensure verification check completed through the Virginia Department of Healthcare Professionals (DHP)Licensure Exchange prior to hire, nor upon expiration and renewal of licensure.</p> <p>An interview was conducted with the Human Resource Manager on 3-2-23 at approximately 4:00 p.m. The Human Resource Manager stated that the documents could not be found, and that the facility had nothing further to provide.</p> <p>The facility administration was informed of the findings during an end of day briefing on 3-3-23 at approximately 6:30 p.m. The facility did not present any further information about the findings.</p>	F 001		