

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0269	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/25/2023
NAME OF PROVIDER OR SUPPLIER WESTMINSTER-CANTERBURY OF RICHMOND		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 WESTBROOK AVE RICHMOND, VA 23227		
(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 Inspection was conducted 05/23/23 through 05/25/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey. The census in this 158 licensed bed facility was 117 at the time of the survey. The survey sample consisted of 37 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: 12VAC5-371-220(C)(2). Please cross reference to F688. 12VAC5 -371-360(A). Please cross reference to F842. 12VAC5-371-150(H) Based on staff interview, facility documentation review and clinical record review, the facility staff failed to verify/determine if Resident(s) were a registered sex offender prior to admission for five Residents (Resident #233, 36, 41, 92, and 24) in a survey sample of 5 Residents reviewed for this regulatory requirement. The findings included: On 5/24/23 Surveyor C selected a random sample of 5 Residents to review that the facility	F 001	12VAC-371-220(C)(2): Please Cross reference F688 12VAC5-371-360(A): Please Cross reference to F842 12VAC5-371-150(H) Registered Sex Offenders: 1. Address how correction will be accomplished for those residents found to have been affected by the deficient practice: a) Resident(s) #233, #36, #41, #92 and #24 had sex offender registry searches completed on 06/07/2023 and none of them were noted on the registry as sex offenders. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:	7/7/23

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

Electronically Signed

TITLE

(X6) DATE

06/09/23

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F 001	<p>Continued From page 1</p> <p>performed verification of registered sex offender status prior to admission.</p> <p>Clinical record reviews were conducted for each of the Residents selected for review. The sex offender registry verifications were unable to be located.</p> <p>On 5/24/23, Surveyor C met with Employee H, the social worker. Employee H stated that she had a notebook where she maintained the sex offender registry lookups that had been conducted. Surveyor C provided Employee H with the sample/listing of Residents selected for review and asked her to identify the verification/checks for each Resident.</p> <p>On the afternoon of 5/24/23, the Social Worker told the survey team that she only conducted sex offender registry checks for Residents being admitted from outside of the facility campus (this facility was a continuing care retirement community).</p> <p>Review of the clinical record and facility submitted documents revealed the following:</p> <ol style="list-style-type: none"> 1. Resident #233 was admitted to the facility on 1/10/23 and discharged on 3/15/23. Resident #233 was then readmitted on 5/21/23. The sex offender registry was checked on 10/7/19, with regards to Resident #233. 2. Resident #36 was admitted to this facility on 7/19/12. The facility submitted no evidence that the sex offender registry had been checked to see if Resident #36 was a registered offender. 3. Resident #41 was admitted to the facility on 4/15/22. The facility submitted evidence that the 	F 001	<ol style="list-style-type: none"> a) 100% of all community admissions have had a sex offender registry search completed before they were admitted to Parsons Health Center. b) All residents who reside on different parts of the CCRC campus will have a sex offender registry search completed before they are admitted to Parson Health Center. <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <ol style="list-style-type: none"> a) 100% of all current residents will have a new sex offender registry search completed by the Social Worker/Designee to ensure there are no current residents listed on the registry. b) The Social Worker/ Designee will obtain a copy from the sex registry search of all CCRC internal transfers completed before admission to Parsons Health Center. c) The ADON/ Designee will train Nursing Supervisors on how to look up and print resident searches on the Virginia sex offender registry prior to any resident being admitted to Parsons Health Center. Any questions or concerns voiced by staff will be reported to the DON . d) The Facility Educator will in-service licensed nursing staff on the importance of ensuring that a sex offender registry search has been completed before any resident is admitted to Parsons Health Center. Any variances discovered during the audit will be investigated and appropriate action taken. Findings from the audit will be reported to the QAPI committee for further recommendations at 	

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F 001	<p>Continued From page 2</p> <p>sex offender registry was only checked on 1/16/14, with regards to Resident #41.</p> <p>4. Resident #92 had multiple admissions to the facility, with the most recent being on 3/15/23. The facility checked to see if Resident #92 was a registered sex offender on 6/29/11, not for each admission.</p> <p>5. Resident #24 was admitted to the facility on 2/23/09. The facility submitted no evidence that for Resident #24, the facility staff checked/verified if the Resident was/was not a registered sex offender.</p> <p>The facility policy titled; "Sex Offender Registry," was reviewed. This policy read, "...5. Prior to admission of any resident, staff will ascertain whether that prospective resident is a registered sex offender...".</p> <p>On the afternoon of 5/24/23, the facility Administrator was made aware of the above findings. The administrator stated they had nothing further to submit with regards to the above.</p> <p>No further information was provided.</p>	F 001	<p>the next regularly scheduled meeting.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>a) The Social Worker/ Designee will confirm that 100% of all newly admitted residents from both the community and within the CCRC that have been admitted to PHC, had a printed copy of their sex offender search completed before their admission to Parsons Health Center Daily x 5, then weekly x 4, then monthly x 4. Variances discovered during the audit will be investigated and appropriate action taken. Findings from the audit will be reported to the QAPI committee for further recommendations at the next regularly scheduled meeting.</p> <p>b) Social Work/Designee will complete a random audit of 6 residents monthly x 3 months, to ensure that a copy of the sex offender registry search has been completed. Any variances discovered during the audit will be investigated and appropriate action taken. Findings from the audit will be reported to the QAPI committee for further recommendations at the next regularly scheduled meeting.</p>	