State of V	irginia				(VA) DATE OLIOVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
AND PLAN O	FOURKECHUN	IDEM METOATION NUMBERS	A. BUILDING:		
ļ					С
VA0108			8. WING		05/17/2023
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
LIEDITA OF	THAT DI ACVETONE	900 S M	AIN ST		
HERITAGE	HALL BLACKSTONE	BLACKS	TONE, VA 23824	-	
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTION	10 100000000000000000000000000000000000
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	
F 000	Initial Comments		F 000	F001	al .
			1	Director of Nursing	
	An unannouncedobie	nnial State Licensure		Director of Nursing 12 VAC5-371-200 (B.1) Cross	
		ucted 5/15/2023 through		reference to F658.	
		ty was not in compliance with		reference to rood.	
		nd Regulations for the		Cross Reference to POC for F Tag	658
		Facilities. Three complaints	1	3	
	were investigated du				
	Well investigated as	g		Nursing Services	
*	The census in this 1	80 licensed bed facility was		12 VAC 5-371-220 (B) Cross	
	140 at the time of the	e survey. The survey sample	1 '1	reference to F759.	
		ent resident reviews and two		C DC DOCC FA	750
	closed record review			Cross Reference to POC for F Tag	7.59
	0.0004100014101101	•		Nursing Services	
			F 001	12 VAC 5-371-220 (A) (C) Cro	ss
F 001	Non Compliance		1 301	reference to F688 and F689.	
	The facility was out	of compliance with the			
	following state licens			Cross Reference to POC for F Tag	g 688
	lollowing state licens	suic requirements.		and 689	
				Resident Assessment and Ca	
	This RILLE: is not n	net as evidenced by:		Planning.	are
÷		3.1) Director of nursing.		12 VAC 5-371-250(A.13) Cros	s
	Cross reference to			reference to F554.	
	0,000,000,00000000000000000000000000000			,	
	12VAC5-371-220 (E	3) - Nursing services.		Cross Reference to POC for F Tag	g 554 ·
	Cross reference to		1	B	1
				Resident Assessment and ca	ire
	12VAC5-371-220 (A	A) (C). Nursing services.		planning. 12 VAC 5-371-250. C. Cross	5.55 5
	Cross reference to			reference to 656.	
		Superior Superior to		'	
	12VAC5-371-250 (A	A.13) Resident assessment		Cross Reference to POC for F Ta	g 656
	and care planning.	•			
	Cross references to	F554.		Pharmaceutical Services	
				12 VAC 5-371-300 Cross refe	rence
	12VAC5-371-250.	C. Resident assessment and	į.	to F756.	
	care planning		ļ	Comp. D. Comp. DOGG ST	- 756
	Cross reference to	F656.		Cross Reference to POC for F Ta	g /30
	1			0	
				on the second	
1	12VAC5-371-300.1	H.1. Pharmaceutical services		Completion Date: June 27, 202	
	Cross reference to	F756.	1		

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

TITLE

(X6) DATE

ADMINISTRATOR

05/31/23

(X3) DATE SURVEY State of Virginia (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: _ AND PLAN OF CORRECTION C 05/17/2023 VA0108 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 S MAIN ST **BLACKSTONE, VA 23824** HERITAGE HALL BLACKSTONE (X5)PROVIDER'S PLAN OF CORRECTION COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE DATE PREFIX (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX DEFICIENCY) TAG F 001 Continued From page 1 F 001 12 VAC5-371-140(Ze.3.A.) 12VAC5-371-140 (E.3.A). Policies and Correction Action(s): C.N.A. #1, #2, #3, RN #3, LPN #5 Procedures. licenses have been verified by the VA Based on staff interview and facility document Dept. of Health Professionals on review, it was determined that the facility staff 05/17/23. failed to evidence primary source verification of a license and/or certification in accordance with the Identification of Deficient Practice(s) and Corrective Action(s): laws of the State of Virginia, for five of 25 A 100% review of all employee license employee records reviewed. verifications will be completed to check for state compliance. The findings include: Systemic Change(s): On 5/17/2023 at approximately 8:30 a.m., the The facility Policy and Procedure has employee records for newly hired employees been reviewed and no changes are within the past two years were reviewed. Review warranted at this time. . Human Resources Dept. will be educated on policy and of the employee records failed to produce procedure for license verification prior to evidence of primary source license/certification verification on file for five of the staff members hire date. reviewed. Monitoring: The employees identified were: Human Resources Dept. is responsible for compliance. The HR/Payroll employee CNA (certified nursing assistant) #1's employee will review all new hire verifications record was reviewed. CNA #1's employee record monthly via payroll system with an documented they were hired as a CNA with the additional ten random existing employees. All discrepancies found in these audits facility on 6/30/2022. Further review of CNA #1's will be corrected at time of discovery and employee record failed to evidence primary reported to the Quality Assurance source certification verification from the Virginia Committee's review, analysis, and Department of Health Professionals prior to recommendations for change in facility 5/16/2023. The primary source license policy, procedure, and practice. verification in CNA #1's record was dated Completion Date: 06/27/2023 5/16/2023. RN (registered nurse) #3's employee record was reviewed. RN #3's employee record documented they were hired as an RN with the facility on 5/24/2021. Further review of RN #3's employee record failed to evidence primary source license

State of Virginia (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CC	INSTRUCTION	(X3) DATE S COMPLI	(X3) DATE SURVEY COMPLETED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:				
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HERITAGE	HALL BLACKSTONE	BLACKS	TONE, VA 23824		TION	(X5)
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F 001	Continued From page	Virginia Department of	F 001			
	Health Professionals. The employee record contained a college transcript dated 5/20/2021 and a registration for the NCLEX examination dated 5/17/2021. The record did not contain any follow up license verification.					
	CNA (certified nurs record was reviewed documented they was facility on 8/26/202 employee record facility on eartification. Department of Her 5/16/2023. The proventication in CNA 5/16/2023.	sing assistant) #2's employee ed. CNA #2's employee record were hired as a CNA with the ed. Further review of CNA #2's ailed to evidence primary or verification from the Virginia ealth Professionals prior to rimary source license of #2's record was dated resing assistant) #3's employee				
	record was review documented they (temporary nursir 11/15/2021. Furt employee record source certification Department of His 5/17/2023. The TNA completion photocopy of a course aide expiri	wed. CNA #3's employee record were hired as a TNA ag assistant) with the facility on her review of CNA #3's failed to evidence primary on verification from the Virginia ealth Professionals prior to employee record contained a certificate on 11/11/2021 and a ertificate to practice as a certifieding 06/30/2023. The primary on verification in CNA #3's record	i i			
	record was revied documented the facility on 5/8/20 employee record source license varieties.	ractical nurse) #5's employee ewed. LPN #5's employee record by were hired as an LPN with the 023. Further review of LPN #5's d failed to evidence primary verification from the Virginia Health Professionals.				

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ate of Virginia ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMP	(X3) DATE SURVEY COMPLETED	
VA0108		B. WING		05/	17/2023	
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ERITAGE HALL BLACKSTO			PROVIDER'S PLAN OF C	CORRECTION	(X5)	
(A4) IU	RY STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE	
F 001 Continued From	page 3	F 001				
On 5/17/2023 ar conducted with member) #1, the that they prefer due to the fact only been in the being trained being condition of the process of the pr	11:02 a.m., an interview was ASM (administrative staff administrator. ASM #1 stated ed to speak for human resources that the current staff member had role since April [2023] and was a their corporate human resource stated that they had recently filled sition and the previous person employed. ASM #1 stated that lotted an audit in human resources 23 and found employee records any required components. ASM #1 were not sure if the records had decause the former employee ek after the audit. ASM #1 stated rification should be done prior to ally. ASM #1 stated that they all notices to check licenses to ey were current. The employee above were reviewed with ASM #1 at they would have staff look for	ce g				

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State of Virginia (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
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AND PLAN OF CONNECTION				C	
VA0108		B. WING		05/17/2023	
		STREET AD	DRESS, CITY, STATE	, ZIP CODE	
NAME OF PF	ROVIDER OR SUPPLIER	900 S MAI			
HERITAGE	HALL BLACKSTONE		ONE, VA 23824		
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F 001	Continued From pag	ge 4	F 001		
	longer employed but facility after they too	I stated that RN #3 was no t was still working at the ik the nursing boards.			
	Service Personnel" in part, "Nursing ser license or certification treatment without do the scope of the inconcertification must per license or certification employment A conduring the verification file din the employer records are file din federal and state latte confidentiality of the state regulation documented "E. P	resent verification of such ion prior to or upon py of all documents obtained ion and background check are ee's personnel file. Such accordance with current ew and facility policy to protect of information"			
	procedures shall in An accurate and cleach employee in professional licens completion of a recourse" On 5/17/2023 at a #1, the administratings.	nclude, but are not limited to: 3. complete personnel record for cluding: a. Verification of current se, registration, or certificate or equired approved training approximately 12:30 p.m., ASM ator was made aware of the ation was provided prior to exit.			