

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0396</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SITTER AND BARFOOT VETERANS CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 BROADROCK BLVD RICHMOND, VA 23224</b>		
(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 Medicare/Medicaid standard survey and Biennial State Licensure survey was conducted 6-3-25 through 6-5-25.  No complaints were investigated during the survey.  Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The Life Safety Code Survey/Report will follow.  The census in this 200 certified bed facility was 166 at the time of the survey. The survey sample consisted of 54 Resident reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This STANDARD is not met as evidenced by: Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities;  12 VAC 5-371-330(J). Please cross reference to F-605.  12 VAC 5-371-220 (D). Please cross reference to F-695.  12 VAC 5-371-340 (A). Please cross reference to F-812.	F 001	1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. No residents were affected. An invoice was available for those staff that did not have a form stating there was no identifiable record. A new background check will be completed for those hired in 2024 and 2025 that do not already have proof the background was completed. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.	7/17/25

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

Electronically Signed

TITLE

(X6) DATE

06/30/25

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F 001	<p>Continued From page 1</p> <p>12 VAC 5-371-140 (E)(3)(b). - Criminal Background checks.</p> <p>Based on staff interview and facility documentation review, the facility staff failed to obtain a criminal record report from the Virginia Department of State Police within 30 days of hire for 17 of 25 employee records reviewed.</p> <p>The facility staff failed to obtain a criminal background check within 30 days of hire for Employees (#4 through #6, #8 through #10, #12, #13, #15 through #19, #21 through #23, and #25).</p> <p>The findings included:</p> <p>The Human Resources (HR) Director was on leave and her replacement provided the employee records that were chosen for review. The Interim HR director supplied the documents and stated "we don't have results of some of the background checks."</p> <p>On 6-5-25, an interview was conducted with the Interim Human Resources (HR) Director who confirmed the hire dates for the 25 referenced facility staff members. The HR Director stated, "We get criminal background checks on everyone before they are hired to be sure there is no criminal history, no history of abuse or barrier crimes, we want to make sure that they can be trusted and to ensure the safety of our residents". The HR Director verified that the reviewed 17 of 25 records had no criminal background check in their personnel files.</p> <p>Review of the facility's policy in regard to Abuse/Neglect/Misappropriation/Crime, Prevention/Screening Training, stated that the</p>	F 001	<p>Any resident has the potential to be affected. Any hired employee from 2024 to 2025 has the potential to be affected.</p> <p>3. Address what measures will be put in to place or systemic changes made to ensure that the deficient practice does not recur. The Human Resources Director/designee will create a standards operating procedure (SOP) for use by the human resources department regarding criminal background checks. The paper form that can be printed from the website, that may state "no identifiable records", or proof the background check was completed, will be printed and placed in the staff members personnel file.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The Human Resources Director/designee will audit all new hires personnel files quarterly for the next two (2) quarters to ensure a background check exists to allow eligibility for hire. Results of these audits will be brought to the QA committee for the next two (2) quarters to determine if further action is needed.</p>	

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F 001	Continued From page 2  facility promoted the prevention of abuse and neglect and misappropriation of property by performing background checks on all employees... and that Criminal background and reference checks are performed on all employees.  On 6-5-25, the Facility Administrator and Director of Nursing were informed of the findings. No further information was provided.	F 001		