

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2023
NAME OF PROVIDER OR SUPPLIER  Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  561 North Airport Drive Highland Springs, VA 23075	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>28808</p> <p>Based on staff interview, clinical record review, and facility documentation review, the facility staff failed to transfer 1 of 3 sampled residents (Resident #1) properly and as a result Resident #1 sustained a fracture. This is Harm, Past Noncompliance.</p> <p>The findings include:</p> <p>On 03/15/2023, a review of Resident #1's care plan in effect for 10/31/2022 was reviewed. The review showed that Resident #1 required a two person lift via a Hoyer lift.</p> <p>Review of Resident #1's clinical record showed a note dated 10/31/2022. The note read that Resident #1 was seen by the Nurse Practitioner (NP) due to complaints of pain to left leg and left shoulder after being put back to bed without hoyer lift. The NP ordered x-rays.</p> <p>A note dated 11/1/2022 read that Resident #1 had a comminuted mid tibial fracture and subcapital femoral neck [fracture]. The note also read that Resident #1 needed to be sent to the ER.</p> <p>A review of facility documentation revealed a form titled Employee Corrective Action. The form showed that Certified Nurses Assistant (CNA) B failed to perform transfer according to the resident plan of care and document mode of transfer. The form further showed that this failure resulted in harm to resident.</p> <p>The facility took corrective actions. The facility re-educated staff concerning transfers and documentation. The facility audited all residents care plans to make sure the care plans had the correct mode of transfer. The facility completed the corrective actions on 11/02/2022. Therefore, this deficient practice will be past non-compliance.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>28808</p> <p>Based on staff interview and facility documentation review, the facility staff failed to have eight hours of Registered Nurse (RN) coverage for 1 of 30 days reviewed. There was no RN in the facility on 2/19/2023.</p> <p>The findings include:</p> <p>On 03/15/2023, a review of the facility's as worked schedule was conducted. The review showed there was no RN in the facility on Sunday 02/19/2023.</p> <p>An interview was conducted with the Assistant administrator on 03/15/2023. The Assistant Administrator confirmed there was no RN in the facility on 02/19/2023.</p> <p>The facility was informed of the findings during a briefing on 03/15/2023.</p>