

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495393	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Sitter and Barfoot Veterans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 Broadrock Blvd Richmond, VA 23224	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility documentation the facility staff failed to ensure the reasonable accommodation of resident needs and preferences for 1 resident (#122) in a survey sample of 54 residents.</p> <p>The findings included:</p> <p>For Resident #122 the facility staff failed to ensure the large clock that is in the residents room was in working order.</p> <p>Resident #122 was admitted to the facility on [DATE] with diagnoses that included, but we're not limited to diabetes type two, major depressive disorder, diverticulitis, primary osteoarthritis, G.I. hemorrhage, atrial fibrillation, adjustment disorder with mixed anxiety and depression, and stage renal disease, hyperparathyroidism, anemia, malignant neoplasm of the prostate, pressure ulcer stage, four, hearing loss, hypertensive, heart, disease, and paraplegia. Resident number 122 most recent MDS coded the resident as having a BM (brief interview of mental status score of 15 out of 15 indicating no cognitive impairment. Resident # 122 required assistance of one staff member for all aspects of ADL care.</p> <p>On 6/3/25 at approximately 12 p.m., during initial tour resident number 122 was resting in bed with his eyes closed. Surveyor noted that the clock on the wall red 6:30.</p> <p>On 6/3/25 at 3:00 p.m. Resident #122 was his room watching television. Resident #122 able to participate in survey interview. clock on the wall read 6:30.</p> <p>On 6/4/25 at 10:30 AM Resident # 122 was talking on the phone clock in his room. Continue to read 630.</p> <p>On 6/5/25 at 9 a.m. Resident # 122 was in his room lying in bed watching tv clock still read 6:30.</p> <p>On 6/5/25 at noon at noon an interview was conducted with staff member LPN B who was asked why it was important for residents to have an accurate clock. LPN B stated it was important for residents to have the accurate time so that they do not become disoriented. She also stated if they don't know the correct time, they won't be able to be ready for activities, meals, appointments, or visits.</p> <p>On 6/5/25 during the end of day meeting the Administrator was made aware of the findings and no further information was provided.</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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, clinical record review and facility documentation, the facility staff failed to ensure residents were free from chemical restraints for 2 Residents (#123 and #47) in a survey sample of 54 residents.</p> <p>1. For Resident #123 the facility staff failed to ensure that the PRN order for the anxiolytic medication, Lorazepam, was not administered for more than 14 days without proper documentation of indication for usage and duration of therapy.</p> <p>Resident #123 was admitted to the facility on [DATE] Gout, Parkinsons disease, unspecified dementia with psychotic disturbance, neurocognitive disorder, major depressive disorder, insomnia visual hallucinations, benign prostatic hyperplasia, and vitreous degeneration. Resident #123's most recent BIMS (Brief Interview of Mental Status) score of 11/15 indicating moderate cognitive impairment.</p> <p>On 6/4/24 a review of the clinical record revealed that Resident #123 had medication orders including:</p> <p>Lorazepam Oral Tablet 0.5 MG Give 1 tablet by mouth every 4 hours as needed for anxiety start date: 03/18/2025</p> <p>This was administered 6 times in March 2025, 11 times in April 2025, 36 times in May 2025, and 4 times between June 1st and June 4th.</p> <p>On 6-5-25 at approximately 2:00 PM an interview was conducted with the DON who was asked if she was aware of the requirements for diagnosis and length of time a PRN Psychotropics may be used. She indicated that she was aware.</p> <p>There was no documentation in the clinical record from the provider indicating the rationale for an extension nor was a specific duration of therapy provided.</p> <p>On 6/5/25 during the end of day meeting the Administrator was made aware of the concern and no further information was provided</p> <p>2. For Resident #47 the facility staff failed to ensure that residents are free of administration of anti-psychotics without proper diagnosis.</p> <p>Resident #47 was admitted to the facility on [DATE] with diagnoses that included but were not limited to hemiplegia and hemiparesis following a stroke, dementia, moderate with behavioral disturbance, vitreous degeneration of the left eye history of COVID-19, epilepsy, non-Hodgkin's lymphoma, BPH (benign, prosthetic, hyperplasia), anxiety disorder, post-traumatic, stress disorder, major depressive disorder, and carcinoma of prostate.</p> <p>A review of the clinical record revealed the following excerpts from a document entitled</p> <p>Psychiatric Subsequent Assessment dated 11/22/24 revealed the following excerpts:</p> <p>(continued on next page)</p>

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reason for Referral: Previous Mental Health Diagnosis: Unspecified Dementia, MDD, Anxiety, PTSD</p> <p>Cognitive Impairment: Patient endorses current symptoms of forgetfulness, confusion, mood/personality change and difficulties with ADLs and denies symptoms of sundowning, incoherent speech, aggression towards others, wandering, hoarding and word-finding difficulties. Patient endorses history of forgetfulness, confusion, mood/personality change and difficulties with ADLs and denies a history of sundowning, incoherent speech, aggression towards others, wandering, hoarding and word-finding difficulties. Severity is level 7 (Severe) .</p> <p>Psychosis: Patient denies symptoms of auditory hallucinations, visual hallucinations, delusions, disorganized speech, catatonia, anhedonia, responding to internal stimuli, negative symptoms and paranoid ideation. Patient denies a history of auditory hallucinations, visual hallucinations, delusions, disorganized speech, catatonia, anhedonia, responding to internal stimuli, negative symptoms and paranoid ideation.</p> <p>Resident number 47 had medication orders that included:</p> <p>Seroquel [an Antipsychotic] 25 mg one tablet by mouth per day related to unspecified dementia, moderate, with behaviors, posttraumatic stress disorder unspecified start date 5/17/23.</p> <p>Resident #47 started the anti-psychotic Seroquel after admission to the facility, and a review of the clinical record revealed the only diagnosis for the medication were dementia and PTSD.</p> <p>On 6/5/25 at approximately 2 PM. The direct director of nursing was asked for the documentation for the rationale of the prescription of Seroquel the DON provided a psychiatric assessment dated [DATE] under assessment/plan Please change diagnosis in PCC for Quetiapine (Seroquel) from anxiety to F03.B11.</p> <p>According to the ICD 10 CM (International Classification of Diseases, 10th revision, Clinical Modification) F03.B11 is billable specific ICD 10 code that can be used to indicate diagnosis for reimbursement purposes. It's applicable to unspecified dementia moderate with behaviors, such as restlessness rocking pacing exit seeking, Verbal or physical behaviors, like anger, aggression, or shouting.</p> <p>Per the FDA Seroquel has not been approved for the treatment of dementia and/or PTSD.</p> <p>On 6/5/25 during the end of day meeting, the Administrator was made aware of the concerns no further information was provided.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, clinical record review and facility documentation the facility staff failed to provide respiratory care according to professional standards of practice for 1 resident (#108) in a survey sample of 54 residents.</p> <p>The findings included:</p> <p>For Resident #108 the facility staff failed to ensure the tubing and mask of the CPAP (Continuous Positive Airway Pressure) mask were properly covered and stored when not in use.</p> <p>Resident #108 was admitted to the facility on [DATE] with diagnoses that included, but we're not limited to aphasia following cerebral infarction, chronic kidney disease stage two, type two diabetes, Barrett's esophagus, nontraumatic, subarachnoid hemorrhage, history of cerebral infarction, and coronary arteriosclerosis due to lipid plaque. Resident</p> <p>#108's most recent MDS (Minimum Data Set) coded the resident as having a BIMS (Brief Interview of Mental Status) score of 11 out of 15 indicating moderate cognitive impairment. Resident #108 required assistance with all aspects of ADL care and used a wheelchair for mobility.</p> <p>On 6/3/25 at 1 PM. Observation was made of CPAP machine at bedside on the table machine tubing and mask were left uncovered open to air.</p> <p>On 6/4/25 at 9 AM observation was made of CPAP machine on bedside table machine tubing and mask were left uncovered open to air.</p> <p>On 6/5/25 at 10:30 AM observation was made of CPAP machine on the bedside table, machine, tubing and mask were left, uncovered, and open to air</p> <p>A review of the clinical record revealed that resident number 108 had the following orders:</p> <p>CPAP on at bedtime start date 3/17/25</p> <p>CPAP off in the a.m. start date 3/18/25</p> <p>On 6/5/25 A review of the policy entitled oxygen usage revealed the following excerpt:</p> <p>Page 2</p> <p>Infection control</p> <p>D. CPAP and BiPAP masks will also be stored within a plastic bag when not in use the bag is changed weekly and as needed.</p> <p>On 6/5/25 during the end of day meeting, the administrator was made aware of the findings and no further information was provided</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and facility document and policy review, the facility failed to ensure expired food items were discarded, food items were labeled with the date opened, and an industrial fan in the kitchen was free of dust. This failure created the potential for foodborne illness for 167 residents who received food from the kitchen of 170 residents who resided in the facility.</p> <p>Findings included:</p> <p>A facility policy titled, Food Items to Discard, updated 06/04/2025, indicated, It is the policy of [facility name] Nutrition Services Department to ensure that all food and foodservice items are properly received, labeled, stored, rotated, and discarded in accordance with federal, state, and local food safety regulations. No food item shall be stored past its expiration date, 'best by' date, or one year from the date of receipt if no manufacturer date is visible. The policy revealed, 5. Monitoring and Oversight: The Culinary Director or designee will:</p> <ul style="list-style-type: none"> -Conduct weekly inspections of food storage areas. -Perform monthly inventory audits to ensure rotation and expiration protocols are followed. -Review discard logs and inventory practices regularly. <p>A Dietary/Kitchen Sanitation Audit, dated 05/30/2025 at 5:05 PM, indicated staff inspected Variable items in the main kitchen that included ensuring repackaged foods in the refrigerator and freezer were dated and labeled per policy, food items in the refrigerator were within use by guidelines or expiration dates, and fans and vent covers were free of dust and mold.</p> <p>An observation of the freezers in the kitchen on 06/03/2025 at 11:10 AM revealed that, in freezer A, there were two small packages of sliced frozen salami covered in clear plastic wrap that were not labeled with the date and/or time they were opened. In freezer B, there was a half loaf of poppy seed coffee cake covered in clear plastic wrap that was not labeled with the date and/or time it was opened.</p> <p>An observation of walk-in refrigerator E in the kitchen on 06/03/2025 at 11:20 AM revealed four 46-ounce (oz) bottles of honey consistency thickened orange juice with an expiration date of 01/22/2025, five 46 oz bottles of honey consistency thickened orange juice with an expiration date of 05/08/2025, seven 33 oz bottles of thickened dairy beverage with an expiration date of 01/24/2025, and two 5-pound containers of cottage cheese with an expiration date of 05/26/2025.</p> <p>An observation of the facility's dish room on 06/03/2025 at 11:25 AM revealed a large industrial fan mounted on the wall by the automated dishwasher area. There was a layer of dust visible on the fan's outer cage.</p> <p>During an interview on 06/03/2025 at 11:26 AM, Certified Dietary Manager (CDM) E stated maintenance staff were responsible for cleaning the large fans, and kitchen staff cleaned any small fans that were on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/03/2025 at 11:30 AM, CDM E stated staff were trained and he expected them to date and label food items. CDM E stated he was very disappointed as he always told staff to do this.</p> <p>During an interview on 06/05/2025 at 2:33 PM, CDM E stated several people were responsible for checking for expired items, and staff were to check off the items on the task sheets daily. He stated staff were expected to check for expired items on a weekly and monthly basis. CDM E stated the evening cook was responsible for completing the dietary/kitchen sanitation audit forms.</p> <p>During an interview on 06/05/2025 at 3:23 PM, Director of Nursing C stated kitchen staff were trained and expected to follow the guidelines for food service based on ServSafe (a food safety training and certification program) practices.</p> <p>During an interview on 06/05/2025 at 3:25 PM, Assistant Administrator B stated staff had been trained and were expected to follow ServSafe guidelines for foodservice.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation, interview, and facility document review, the facility failed to ensure 4 of 4 washing machines were maintained in safe and proper working condition.</p> <p>Findings included:</p> <p>On 06/05/25 at 11:11 AM, Assistant Administrator B stated the facility did not have policies for maintenance of washing machines or submission of work orders to the maintenance department.</p> <p>An installation/operation/maintenance manual titled, Washer-Extractors, dated 12/2023, revealed a section titled Operator Daily Maintenance Checks that included instructions for the facility's model of washing machines. The manual specified, If the door lock and interlock are not functioning properly, disconnect power and call a qualified technician. 3. Do not attempt to operate the machine if any of the following conditions are present: a. The door does not remain securely locked during the entire cycle.</p> <p>During an observation of the laundry room on 06/04/2025 at 3:45 PM, Laundry Worker B added linens to washing machine #3. She placed a washcloth between the washing machine door and the associated washing machine and closed the door, leaving a section of the washcloth dangling outside the door. There were white blankets on the floor in front of washing machines #1, #2, #3, and #4.</p> <p>During an interview on 06/04/2025 at 3:49 PM, Laundry Worker B stated washing machine #2 and washing machine #3 had washcloths hanging from the doors to help keep the doors closed. She stated if the washcloths were not in place, the washing machine doors opened a little, and water leaked out. Laundry Worker B stated she came up with the idea of placing a washcloth between the washing machine and its door, noting that she began doing that about one year prior. She stated the white blankets on the floor at the base of washing machines #1, #2, #3, and #4 were there because the machines leaked. Laundry Worker B touched each blanket and confirmed the blankets in front of washing machines #1, #3, and #4 were currently damp.</p> <p>During an interview on 06/04/2025 at 4:59 PM, Director of Environmental Services D confirmed the washcloth that hung from the door of washing machine #2 was there to ensure the door closed tightly. He stated if the washcloth was not in place, the washing machine displayed an error message to indicate the door was open and the machine would not move on to the next cycle. Director of Environmental Services D stated the blankets on the floor in front of the washing machines were placed due to leakage from the washing machines. He confirmed the blankets in front of washing machine #1 and washing machine #4 were damp, and the blanket at the base of washing machine #3 was wet. He stated there were no current work orders for the washing machines.</p> <p>During an interview on 06/05/2025 at 10:41 AM, Maintenance Technician C stated he was not aware the washing machines were leaking. He stated when washing machine doors became loose, maintenance staff attempted to repair them; however, if a seal was loose, the facility contacted a contractor for the repair. Maintenance Technician C stated the maintenance department did not have a current work order request for repairs to the washing machines.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/05/2025 at 10:44 AM, Assistant Administrator B stated he knew the washing machines were leaking and that the door handles shook loose. He stated the washing machines were purchased about five years prior and were no longer under warranty. Assistant Administrator B stated the contracted company had not fixed the door handles or leakage to the facility's satisfaction. He stated leakage from the washing machine doors had been occurring for at least a year.</p> <p>During a follow-up interview in the laundry room on 06/05/2025 at 10:55 AM, Assistant Administrator B opened the door of washing machine #2 and explained the pin inside the hinge of the doors did not hold the door tightly enough, therefore leakage occurred from the door. He stated he was not aware of the reason washcloths were hanging from the doors of washing machine #2 and washing machine #3.</p> <p>During an interview on 06/05/2025 at 2:11 PM, Director of Nursing (DON) C stated she was not aware the washing machines were leaking, noting her expectation was for the laundry supervisor to be notified immediately when staff recognized washing machines needed repair. She stated she expected the manufacturer and maintenance staff to take care of the maintenance of the washing machines and fix them immediately. DON C stated if a washing machine were leaking, the concern was that laundry may not be laundered as it should be or leakage on the floor could cause someone to slip.</p> <p>During an interview on 06/05/2025 at 3:01 PM, Assistant Administrator B stated his expectation was for staff to make him aware when the leakage from the washing machines worsened and rags were needed. He stated the facility needed to find a methodology to minimize and contain dripping from the washing machine doors and replace the doors.</p>		