State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0050	A. BUILDING: ___ B. WING ___	06/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYLAND NURSING AND REHABILITATION CENTER	730 LUNENBURG HIGHW KEYSVILLE, VA 23947

POC NOT FINAL

(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 6/4/19 through 6/7/19. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census at this 90 certified bed facility was 51 at the time of the survey. The survey sample consisted of 27 current residents and 6 closed records.	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: 12 VAC 5 - 371 - 140 - 3 a and b. Based on staff interview, facility document review and employee record review, it was determined the facility staff failed to ensure sworn statements, state police criminal background checks, license checks and references were completed prior to hire for three of 25 employee records reviewed. 1. For other staff member (OSM) #2, an occupational therapist, the facility staff failed to evidence documentation that her licenses was checked prior to having contact with residents. 2. For RN (registered nurse) #3, failed to evidence documentation of a sworn statement and a state police criminal background check was completed prior to hire. 3. For administrative staff member (ASM) #1., the administrator, the facility staff failed to evidence that references were completed prior to hire.	F 001	Wayland Nursing and Rehabilitation center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable rules and provisions of quality of care of residents. This Plan of Correction is submitted as a written allegation of compliance. Wayland Nursing and Rehabilitation Center□s response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Wayland Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other	7/21/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 07/12/19

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F 001	Continued From page 1 The findings include: 1. For other staff member (OSM) #2, an occupational therapist, the facility staff failed to evidence documentation that her license was checked prior to having contact with residents. A review of the employee file for OSM #2 revealed a license verification dated 5/29/19. OSM #2 was hired on 5/19/19. On 6/6/19 at 1:54 p.m. OSM # 1, the Rehabilitation Director, provided the time sheet for OSM #2 and stated that she had worked 5/20/19 to 5/29/19 with facility residents without the license being verified first. 2. For RN (registered nurse) #3, failed to evidence documentation of a sworn statement and a state police criminal background check was completed prior to hire. RN #3 was hired on 1/9/18. An interview was conducted with OSM # 6, the payroll/accounts payable staff member, on 6/7/19 at 9:13 a.m. When asked where the sworn statement and state police criminal background check was located, OSM #6 stated, "I know he had one but I can't locate it. The former administrator had it in her possession prior to her leaving here. We looked in the administrator's office and we can't locate it." 3. For administrative staff member (ASM) #1., the administrator, the facility staff failed to evidence that references were completed prior to hire. ASM #1 was hired on 2/1/18. Review of the employee file for ASM #1 failed to	F 001	administrative or legal proceeding. F-001 The license for OSM #2 was not verified in a timely manner. The sworn statement and criminal background check for RN#3 was located and placed in his personnel folder. The references for ASM #1 were located and placed in his personnel folder. A review of other personnel folders found no areas of non-compliance. The contractor for Therapy was counselled regarding the licensure regulations for employees. The payroll/HR person was reminded of the regulations regarding completion of employee files. Newly hired employees will be identified by the HR manager and new hires will not be allowed to work until the personnel folder is complete and approved by the administrator. New employee files will be presented to the SDC prior to orientation for verification of completion. Completed files will remain secured in the Personnel Office. Cross reference to Federal deficiency POC of F641. Cross reference to Federal deficiency POC of F684. Cross reference to Federal deficiency POC of F697. Cross reference to Federal deficiency	

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F 001	Continued From page 2 evidence documentation of references for ASM #1. An interview was conducted with OSM #6, the payroll/accounts payable staff member, on 6/7/19 at 9:56 a.m. She stated that the employee record for ASM #1 is kept in the corporate office. I have spoken with the corporate office. the person who handles this is on vacation. They are still going to look for it, if they can't locate the references, then we will have to take the tag. OSM #6 returned to this surveyor on 6/7/19 at 10:19 a.m. and stated the corporate office cannot produce the reference for ASM #1. The facility policy, "Abuse, Neglect, or Misappropriateion of Resident Property Policy" documented in part, "Screening of Employees: Potential employees will be screened by the facility for abuse, neglect, exploitation, or misappropriation of property. This screening process will include the requesting of information from previous and/or current employers and checking with appropriate licensing boards and/or registries." ASM #1 was made aware of the above concern on 6/7/19 at approximately 11:00 a.m. No further information was provided prior to exit. F 559 has no cross reference to state regulations 12 VAC 5 - 371 - 250 A.3. - cross references to Federal deficiency of 641. 12 VAC 5 - 371 - 220 - B - cross referenced to Federal deficiency of 684.	F 001	POC of F947. Cross reference to Federal deficiency POC of F757. Cross reference to Federal deficiency POC of F880. Cross reference to Federal deficiency POC of F625. Cross reference to Federal deficiency POC of F622, F623, F645, F756, F758. Cross reference to Federal deficiency POC of F622, F623, F625. Cross reference to Federal deficiency POC of F758. Cross reference to Federal deficiency POC of F758. Cross reference to Federal deficiency POC of F758. Cross reference to Federal deficiency POC of F756, F758. Cross reference to Federal deficiency POC of F550. Cross reference to Federal deficiency POC of F695.	

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F 001	Continued From page 3 12 VAC 5 - 371 - 220 A, B - cross references to Federal deficiency of 697. 12 VAC 5 - 371 - 200 B 3 - cross references to Federal deficiency of 947. 12 VAC 5 - 371 - 220 B - cross references to Federal deficiency of 757. 12 VAC 5 - 371 - 180 A, B, C. - cross references to Federal deficiency of 880. 12VAC5-371-110. Management and Administration. Cross reference to F625 12VAC5-371-140. Policies and Procedures Cross references to F622, F623, F645, F756, F758 12VAC5-371-150. Resident Rights. Cross reference to F622, F623, F625 12VAC5-371-220. Nursing Services. Cross reference to F758 12VAC5-371-240. Physician Services. Cross reference to F758 12VAC5-371-250. Resident Assessment and Care Planning. Cross reference to F758 12VAC5-371-300. Pharmaceutical Services. Cross reference to F756, F758	F 001		

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F 001	Continued From page 4 12 VAC5-371-140 D.15.d Policies and Procedures Cross reference to F550 12 VAC5-371-220 A, B Cross reference to F695	F 001		