

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0409	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2017
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MECHANICSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 5/2/17 through 5/4/17. 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.</p> <p>The census in this 169 certified bed facility was 155 at the time of the survey. The survey sample consisted of 22 current resident reviews (Residents #1 through #21 and #27) and 5 closed record reviews (Residents #22 through #26).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5 371 - 220 H - cross references to F 157</p> <p>12 VAC 5 - 371 - 150 B.3 - cross references to F 166</p> <p>12 VAC 5 - 371 - 150 A - cross references to F 241</p> <p>12 VAC 5 - 371 - 250 F - cross references to F 280</p> <p>12 VAC 5 - 371 - 220 A - cross references to F 282</p> <p>12 VAC 5 - 371 - 220 B - cross references to F 311</p>	F 001	<p>Tag 0001</p> <p>12 VAC 5 371-220 H May see POC for F157</p> <p>12 VAC 5 371-150B.3 May see POC for F166</p> <p>12 VAC 5 371-150 A May see POC for F241</p> <p>12 VAC 5 371-250 F May see POC for F280</p> <p>12 VAC 5 371-220 A May see POC for F282</p> <p>12 VAC 5 371-220 B May see POC for F311</p> <p>12 VAC 5 371-220 C May see POC for F314</p> <p>12 VAC 5 371-180 A May see POC for F328</p> <p>12 VAC 5 371-360 E May see POC for F513</p> <p>12VAC 5 371-250 A 12 May see POC for</p>	6/7/17

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

Electronically Signed

TITLE

(X6) DATE

05/30/17

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F 001	<p>Continued From page 1</p> <p>12 VAC 5 - 371 - 220 C - cross references to F 314</p> <p>12 VAC 5 - 371 - 180 A - cross references to F 328</p> <p>12VAC5-371-360 E -- Cross referenced to F 513 12VAC5-371-250A12 Resident Assessment and Care Planning Cross reference to F278 12VAC5-371-280. Resident activities cross reference to F248</p> <p>12VAC5-371-300. Pharmaceutical services cross reference to F431</p> <p>12VAC5-371-200. Director of Nursing cross reference to F281</p> <p>12VAC5-371-250. Resident Assessment and Care Planning cross reference to F309</p> <p>12VAC5-371-300. Pharmacy Services cross reference to F428</p> <p>12VAC-371-180.A cross references to CFR 441</p> <p>12VAC-371-110.B.3 cross references to CFR 226</p> <p>Based on staff interview and facility document review it was determined, that facility staff failed to follow the facility policy on employee screening prior to employment.</p> <p>The facility staff failed to obtain: background</p>	F 001	<p>F278 12 VAC 5 271-280 May see POC for F248 12 VAC 5 371-300 May see POC for F431 12 VAC 5 371-200 May see POC for F281</p> <p>12VAC-371-110.B.3 cross references to CFR 226</p> <p>1. Current license verifications are in the employee files for CNAs #8, #9,#10,#12; OSM #16, #17, #18, #19, #21, #22; RN #9; LPN #8 and #12. References for RN #9, OSM #19 and OSM #20 are present in their files. Background checks for OSM #16 and OSM #25 are in the employees files.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. The Administrator or designee will educate all department heads with hiring authority and the HR clerk on the requirements for pre-employment screening.</p> <p>4. The Administrator or designee will audit all pre-employment screening weekly for twelve weeks to assure compliance. Reports of audits will be submitted to the QAPI committee for review and revision monthly for three months.</p> <p>5. Date of compliance: June 16, 2017.</p>	

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F 001	<p>Continued From page 2</p> <p>checks within 30 days of hire for two out of 25 employees; failed to obtain license verification for 15 out of 25 employees and failed to obtain reference checks for three out of 25 employees.</p> <p>The findings include:</p> <p>Review of the 25 employee records documented:</p> <p>OSM (other staff member) #25, a cook, was hired on 9/8/16 and the background check was completed on 11/2/16. OSM #16, occupational therapy assistant, was hired on 9/12/16 and the background check was completed on 12/29/16.</p> <p>CNA (certified nursing assistant) #8 was hired on 12/12/16 and the license was verified on 12/28/16.</p> <p>CNA #9 was hired on 10/10/16 the license was verified on 2/14/17.</p> <p>RN (registered nurse) #9 was hired on 7/25/16 and the license was verified on 5/3/17.</p> <p>CNA #10 was hired on 7/25/16 and the license was verified on 5/3/17.</p> <p>LPN (licensed practical nurse) #8 was hired on 9/12/16 and the license was verified on 2/10/17.</p> <p>OSM #16, occupational therapy assistant, was hired on 9/12/16 and the license was verified on 12/29/16.</p> <p>OSM #17, occupational therapist, was hired on 6/28/16 and the license was verified on 8/1/16.</p> <p>OSM #17, occupational therapist, was hired on 6/28/16 and the license was verified on 7/21/16.</p> <p>OSM #18, physical therapy assistant, was hired on 9/8/16 and the license was verified on 2/14/17.</p> <p>OSM #19, physical therapy assistant, was hired on 7/17/16 and the license was verified on 2/14/17.</p> <p>CNA #12 was hired on 7/12/16 and the license was verified on 7/22/16.</p>	F 001		

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F 001	<p>Continued From page 3</p> <p>LPN #12 was hired on 9/26/16 and the license was verified on 10/20/16.</p> <p>OSM #21, physical therapist, was hired on 6/28/16 and the license was verified on 2/10/17.</p> <p>OSM #22, occupational therapist assistant, was hired on 10/10/16 and the license was verified on 2/14/17.</p> <p>RN #9's employment record did not evidence documentation of reference checks.</p> <p>OSM #19's, physical therapy assistant, employee record did not evidence documentation of reference checks.</p> <p>OSM #20's, cook, employee record did not evidence of documentation of reference checks.</p> <p>An interview was conducted on 5/4/17 at 11:35 a.m. with OSM #13, human resources and payroll. When asked for the missing information in the employees records, OSM #13 stated, "If they're not in there then they weren't done. I will check." When asked why they obtained criminal background checks, OSM #13 stated, "To make sure they don't have anything such as murder and they are employable." When asked why they did license verification, OSM #13 stated, "To make sure they actually have a valid license." At 12:00 p.m. OSM #13 stated, "What is in the file is all that we have." A request was made for the days staff worked with residents without license verification.</p> <p>An interview was conducted on 5/4/17 at 2:07 p.m. with ASM (administrative staff member) #2, the director of nursing. When asked why employees were screened prior to hiring, ASM #2 stated, "We do them to check that the resident and the facility secondarily to protect them from a criminal." When asked why references were obtained, ASM #2 stated, "References ideally are</p>	F 001		

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F 001	<p>Continued From page 4</p> <p>going to find out what kind of person you are hiring." ASM #2 was made aware of the findings at that time.</p> <p>On 5/4/17 at 1:00 p.m. a list of shifts staff worked with residents without license verification was received.</p> <p>CNA #8 worked four days; CNA #11 worked 96 days; LPN #8 worked 103 days; OSM #17, occupational therapist, worked 6 days; OSM #18, physical therapy assistant, worked 31 days; OSM #19, physical therapy assistant, worked 12 days; LPN #12 worked 11 days; OSM #21, physical therapist, worked 10 and OSM #22, occupational therapist, worked seven days.</p> <p>No documentation was received for LPN #9 and CNA #10. CNA #12 did not work with residents prior to license verification.</p> <p>Review of the facility's policy titled, "Virginia Resident Abuse Policy" documented, "POLICY: This Facility will not tolerate abuse, neglect, mistreatment, exploitation of residents, and misappropriation of resident property by anyone." documented, "PROCEDURE: 1. Screening-facility will not employ or otherwise engage individuals who have been found guilty of abuse, neglect, or mistreatment of residents by a court of law; had a finding of abuse, neglect, mistreatment, exploitation, involuntary seclusion and/or misappropriation of property reported into a state nurse aide registry, or had a disciplinary action taken against a professional license by a state licensure body as a result of a finding of abuse, neglect, or mistreatment of residents or a finding</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>or a finding of misappropriation of property. 1.) It is the policy of the Facility to undertake background checks of all employees and to retain on file applicable records of current employees regarding such checks. a. The Facility will do the following prior to hiring a new employee:..ii. Check with the applicable nurse assistant registry, and any other nurse assistant registries that the Facility has reason to believe contain information on an individual, prior, to using the individual as a nurse assistant. iii. Check will all applicable licensing and certification authorities to ensure that employees hold the requisite license and/or certification status to perform their job functions and have no disciplinary action as a result of abuse or neglect; iv. Conduct a criminal background check in accordance with State law and Facility polity..."</p> <p>No further information was provided prior to exit.</p>	F 001		