

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2018
NAME OF PROVIDER OR SUPPLIER THE CULPEPER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 191 RTE 15 CULPEPER, VA 22701		
(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 survey was conducted 2/21/18 through 2/23/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety code survey/report will follow. The census in this 45 certified bed facility was 35 at the time of the survey. The survey sample consisted of 15 current resident reviews Residents #30, #184, #18, #3, #15, #23, #33, #24, #11, #28, #1, #4, #85, #8 and #20 and three closed records Residents #34, #7 and #35.	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: 12VAC5-371-140. Policies and Procedures Facility staff failed to obtain reference checks per state regulations and facility policy. A review of 25 employee records was conducted on 1/23/18. Review of the employee records for OSM (other staff member) #6, a rehabilitation technician, OSM #7, a physical therapist and OSM #8, an occupational therapist did not evidence pre-employment reference checks. A request was made on 1/23/18 at 3:25 p.m. of OSM #5 the rehabilitation clinical leader for the reference checks. On 1/23/18 at 4:40 p.m., OSM #5 stated there were no reference checks on the employees. When asked if references should be done, OSM	F 001	1) Three employees records of (other staff members) were discovered to not have evidence of pre-employment reference checks. 100% audit has been done on other staff members by rehab director and found to be in compliance. No residents were affected by the deficient practice. 2) All residents have the potential to be affected by the deficient practice. 3) Rehab clinic director was educated by the surveyors that all rehab employees must have reference checks completed prior to employment at the facility. Rehab director will ensure all other staff members have complete HR files to include reference checks and will be maintained at the facility. 4) Rehab director must provide proof of all reference checks prior to new rehab	3/30/18

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

Electronically Signed

TITLE

(X6) DATE

03/08/18

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2018
NAME OF PROVIDER OR SUPPLIER THE CULPEPER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 191 RTE 15 CULPEPER, VA 22701		
(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 001	<p>Continued From page 1</p> <p>#5 stated, "Yes." When asked how many references were to be done before an employee was hired, OSM #5 stated, "Two."</p> <p>On 1/23/18 at 4:50 p.m. ASM (administrative staff member) #1, the administrator and ASM #2 the director of nursing were made aware of the findings.</p> <p>Review of the facility's policy titled, "Abuse" documented, "POLICY: (Name of facility) recognizes and respects that each resident has the right to be free from abuse, neglect, misappropriation of resident's property, and exploitation as defined in this subpart. This includes but is not limited to, freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptom. (Name of facility) is committed to developing and operationalizing policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect mistreatment, misappropriation of property, and inappropriate use of social media. SPECIFIC PROCEDURE/REQUIREMENTS: 1) Screening. a) (Name of facility) will screen potential employees for a history or abuse, neglect or mistreating residents. i) If employment references cannot be obtained, personal references may be obtained."</p> <p>No further information was provided prior to exit.</p> <p>Federal deficiency F 842 cross references to 12VAC5-371-360. D</p> <p>Federal deficiency F 770 does not cross</p>	F 001	<p>employees beginning. HR director will maintain this audit and all findings will be reported to QAPI committee for continued review and oversight.</p> <p>5) March 30, 2018 and on-going.</p> <p>POC for F656 cross references to 12 VAC 5-371-220A</p> <p>POC for F657 cross references to 12 VAC 5-371-210A.3</p> <p>POC for F684 cross references to 12 VAC 5-371-220B</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2018
NAME OF PROVIDER OR SUPPLIER THE CULPEPER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 191 RTE 15 CULPEPER, VA 22701		
(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 001	Continued From page 2 reference to state regulation Federal deficiency F 656 cross references to 12 VAC 5 - 371 - 220 A Federal deficiency F 657 cross references to 12 VAC 5 - 371 - 210 A.3 Federal deiciency F 684 cross references to 12 VAC 5 - 371 - 220 B.	F 001		