PRINTED: 03/29/2018 FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0075	B. WING		02/23/2018
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE ZIP CODE	
NAME OF FI	ROVIDER OR SUFFLIER		91 RTE 15	ATE, ZIF CODE	
THE CULF	PEPER		R, VA 22701		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
F 000	Initial Comments		F 000		
	2/23/18. Corrections a with 42 CFR Part 483	nnial State Licensure s conducted 2/21/18 through are required for compliance Federal Long Term Care fe Safety code survey/report			
	at the time of the surv consisted of 15 currer Residents #30, #184,	#18, #3, #15, #23, #33, , #85, #8 and #20 and three			
F 001	Non Compliance		F 001		3/30/18
	The facility was out of following state licensu	-			
	This RULE: is not me 12VAC5-371-140. Pol Facility staff failed to 0	-		Three employees records of (other members) were discovered to not have evidence of pre-employment reference.	e
	state regulations and	facility policy.		checks. 100% audit has been done on other staff members by rehab director	and
	on 1/23/18. Review of OSM (other staff men technician, OSM #7, a OSM #8, an occupation	yee records was conducted If the employee records for Inber) #6, a rehabilitation In physical therapist and Input therapist did not Innent reference checks.		found to be in compliance. No residen 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 the surveyors that all rehab employees	by
	OSM #5 the rehabilita reference checks.	on 1/23/18 at 3:25 p.m. of tion clinical leader for the		must have reference checks complete prior to employment at the facility. Ref director will ensure all other staff mem have complete HR files to include reference checks and will be maintained	nab bers
	were no reference che	m., OSM #5 stated there ecks on the employees. nces should be done, OSM		at the facility. 4) Rehab director must provide proof or reference checks prior to new rehab	of all

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

(X6) DATE TITLE

**Electronically Signed** 

03/08/18

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PEPER					
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Continued From page 1		F 001			
#5 stated, "Yes." Whe references were to be was hired, OSM #5 stated, OSM #6 stat	en asked how many e done before an employee lated, "Two."  m. ASM (administrative staff linistrator and ASM #2 the line made aware of the  spolicy titled, "Abuse" Y: (Name of facility) lots that each resident has lim abuse, neglect, lesident's property, and lid in this subpart. This lited to, freedom from linvoluntary seclusion and lical restrain not required to ledical symptom. (Name of lice and procedures for lig employees, protection of ligerevention, identification, lorting of abuse, neglect ligeremential liger	F 001	maintain this audit and all findings will reported to QAPI committee for contin review and oversight. 5) March 30, 2018 and on-going.  POC for F656 cross references to 12 5-371-220A POC for F657 cross references to 12 5-371-210A.3	be ued VAC VAC	
Federal deficiency F	770 does not cross				
	Continued From page #5 stated, "Yes." Whe references were to be was hired, OSM #5 st On 1/23/18 at 4:50 p. member) #1, the adm director of nursing we findings.  Review of the facility's documented, "POLIC recognizes and respet the right to be free from misappropriation of reexploitation as defined includes but is not limicorporal punishment, any physical or chemitreat the resident's me facility) is committed to operationalizing policiscreening and training residents and for the investigation, and repmistreatment, misappinappropriate use of seprocedure investigation, and repmistreatment, misappinappropriate use of seprocedure investigation, and repmistreatment, misappinappropriate use of seprocedure investigation, and repmistreatment, misappinappropriate use of seprocedure. When the investigation is the procedure of the investigation in t	POPER STREET ADD  STREET ADD  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  #5 stated, "Yes." When asked how many references were to be done before an employee was hired, OSM #5 stated, "Two."  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.  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 restrain 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."  No further information was provided prior to exit.	PEPER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  #5 stated, "Yes." When asked how many references were to be done before an employee was hired, OSM #5 stated, "Two."  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F 001	Continued From page 2		F 001									
	reference to state reg	ulation										
	Federal deficiency F 656 cross references to 12 VAC 5 - 371 - 220 A											
	Federal deficiency F 6 VAC 5 - 371 - 210 A.3	657 cross references to 12										
	Federal deificiency F VAC 5 - 371 - 220 B.	684 cross references to 12										