

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/18/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHENANDOAH NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>339 WESTMINISTER DRIVE FISHERSVILLE, VA 22939</b>
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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 survey was conducted 1/17/17 through 1/18/17. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 60 bed facility was 56 at the time of the survey. The survey sample consisted of 12 current Resident reviews (Residents 1 through 12) and 2 closed record review (Residents 13 through 14).</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: 12VAC 5-371-110- (B)(2). Cross Reference to F-Tag 225.</p> <p>12VAC 5-371-140- (A). Cross Reference to F-Tag 226.</p> <p>12 VAC 5-371-250 (A). Cross Reference to F-Tag 278.</p> <p>12 VAC 5-371-250 (F) and (G). Cross Reference to F-Tag 279.</p> <p>12 VAC 5-371-220 (B). Cross Reference to F-Tag 328.</p> <p>12 VAC 5-371-300 (A). Cross Reference to F-Tag 431.</p>	F 001	<p>COV 32.1-126.01 (A)</p> <p>1.) Criminal check was obtained for Employee #1 on 1/20/2017 indicating no criminal history. Employee #1 did not work until criminal history was obtained.</p> <p>2.) A 100% audit was completed on all current employees to ensure that a complete criminal history check was in their employee folder.</p> <p>3.) Payroll Clerk will be in serviced on obtaining a complete criminal record check prior to allowing staff member to work at the facility. Payroll Clerk or designee will utilize a tracking log to ensure that criminal checks are completed on all new hires and filed appropriately in their employee folder.</p> <p>4.) Administrator or designee will audit log weekly for 12 weeks to ensure that criminal checks were obtained</p>	2/3/17

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

TITLE

(X6) DATE

Electronically Signed

01/27/17

State of Virginia

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F 001	<p>Continued From page 1</p> <p>COV 32.1-126.01 (A).</p> <p>Based on staff interview, facility document review and employee file review, facility staff failed to obtain a Virginia State Police criminal background check for one of 25 employees.</p> <p>Employee #1 was hired 07/07/2016 and her criminal background check had not been obtained as of 01/18/2017. A state police criminal background check had been requested on 07/06/2016, but the results were either not received or misplaced according to the "Payroll" clerk. A second state police criminal background check was requested on 01/17/2017, results were pending per the "Payroll" clerk. This is in violation of 32.1-126.01.</p> <p>The "Payroll" clerk was interviewed on 01/17/17 at 2:30 p.m. regarding the missing background check. The "Payroll" clerk stated, "It was done, but it didn't come back. We were doing background checks for a sister facility and were suspended by the state police. You can't do that. I tried to pull the results up in the computer from the original request, but the results are no longer in the system. I will request another background check today from the state police."</p> <p>The DON (director of nursing) was interviewed on 01/18/17 at 11:00 a.m. regarding Employee #1's current work status. The Don stated, "She is scheduled to come in tonight, but I will call her and tell her she can't come in until we get the results of her criminal background check. She has been off the last two nights."</p> <p>The Administrator was informed of the above</p>	F 001	<p>appropriately and filed in their employee folder. Findings will be discussed at Monthly QAPI meetings for three months. 5.) Date of Completion: 2/3/2017</p> <p>12VAC 5-371-110- (B)(2). Cross Reference to F-Tag 225: Refer to plan of correction for F-225.</p> <p>12VAC 5-371-140- (A). Cross Reference to F-Tag 226: Refer to plan of correction for F-226.</p> <p>12 VAC 5-371-250 (A). Cross Reference to F-Tag 278: Refer to plan of correction for F-278.</p> <p>12 VAC 5-371-250 (F) and (G). Cross Reference to F-Tag 279: Refer to plan of correction for F-279.</p> <p>12 VAC 5-371-220 (B). Cross Reference to F-Tag 328: Refer to plan of correction for F-328.</p> <p>12 VAC 5-371-300 (A). Cross Reference to F-Tag 431: Refer to plan of correction for F-431.</p>	

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F 001	Continued From page 2  information during a meeting with the survey team on 01/18/17 at 11:10 a.m. No further information was received by the survey team prior to the exit conference.	F 001		