

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2017
NAME OF PROVIDER OR SUPPLIER THE SPRINGS NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 167 SPRING STREET HOT SPRINGS, VA 24445		
(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 Licensure survey was conducted 06/20/17 through 06/22/17. One complaint was investigated. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 60 bed facility was 50 at the time of the survey. The survey sample consisted of 12 current Resident reviews (Residents # 1 through #8, and # 10 through # 13) and 2 closed record reviews (Residents # 9 and # 14).	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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities (cross referenced to federal tag numbers). 1. Policies and procedures 12VAC5-371-140(E)(3)(a) and (b). Please cross reference to F226. 2. Diagnostic Services 12VAC5-371-310(A). Please cross reference to F502. 3. Policies and Procedures 12VAC5-371-140(E)(3)(a) and (b) Based on employee record review, staff interview and facility document review, the facility failed to ensure six of 25 employee files reviewed had	F 001	12VAC5-371-310(A). Please cross reference to F502. 12VAC5-371-140(E)(3)(a) and (b). Please cross reference to F226. Kissito Healthcare shares the state's focus on the health, safety and well being of the facility residents. Although the facility does not agree with some of the findings and conclusions of the surveyors, we have implemented a plan of correction to demonstrate our continuing effort to provide quality care to our residents. No action taken for Employees #1, #10, #11, #15, #20 and #25 due to timeframe had already passed. Human Resources Director had been on a Performance Improvement Plan prior to	7/7/17

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

Electronically Signed

TITLE

(X6) DATE

06/28/17

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F 001	<p>Continued From page 1</p> <p>criminal background checks done in a timely manner and licenses verified.</p> <p>Findings were:</p> <p>On 06/21/2017 at approximately 11:00 a.m., 25 employee files were reviewed. six files did not contain required information.</p> <p>Employee File #1: This employee, an LPN (licensed practical nurse) was hired on 10/14/2016. Results of her criminal background check were not received at the facility until 05/05/2017. This same employee's license on file expired on 03/31/2017, verification of that license was not done until 06/21/2017.</p> <p>Employee File #10: This employee, a CNA (certified nursing assistant) was hired on 12/21/2016. Her criminal background check was not received in the facility until 06/21/2017.</p> <p>Employee File #11: This employee, an LPN, was hired on 10/13/2016. Her license with an expiration date of 02/28/2018 was not verified by the facility until 02/23/2017.</p> <p>Employee Filed #15: This employee, an RN (registered nurse), was hired on 09/07/2016. Her license with an expiration date of 07/31/2018 was not verified until 10/20/2016.</p> <p>Employee File #20: This employee, the dietary manager, was hired on 12/19/2016. Her criminal record check was completed on 11/17/2016. This is not within 30 days of hire .</p> <p>Employee File #25: This employee, a CNA, was hired on 09/22/2016. Her license with an expiration date of 11/30/2017 was not verified</p>	F 001	<p>the survey. This person was terminated from employment on 6/21/17.</p> <p>An audit of current employees was conducted to ensure the required information is in the personnel file to include criminal backgrounds are conducted within 30 days of hire and licensure verification is completed thru the Department of Health Professionals prior to employment.</p> <p>A new Human Resources Director will be hired and educated by the Corporate Director of Human Resources/designee on the process for new hires to include criminal background checks and licensure verification. Until the new Human Resources Director is hired, the Corporate Director of Human Resources/designee will complete new hire verifications.</p> <p>The Chief Administrative Officer(CAO)/designee will review the file of new employment hires to ensure the required information is present and to ensure the crminal backgrounds are completed within 30 days of hire.</p> <p>The results of the audits will be reviewed at the Quality Assurance/Performance Improvement(QAPI)on a monthly basis for discusson and review. Once the QAPI committee determines the problem no longer exists, audits will be conducted on a random basis.</p> <p>The Chief Administrative Officer/Director of Nursing will be responsible for the implementation of the plan of correction.</p>	

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F 001	<p>Continued From page 2</p> <p>until 02/22/2017.</p> <p>A meeting was held on 06/21/2017 at approximately 12:10 p.m. with the administrator, the administrator in training, the corporate human resources officer and the facility's human resources/ payroll staff member. The facility's human resources staff member was asked if she was responsible for the criminal background checks and licensure verification for new hires. She stated, "Yes." The above discrepancies (and others which were resolved) were discussed with her and the administrative staff. She stated that she had gotten the original licenses from staff and had thought that was what she needed to do. She was asked if she had contacted the licensure board to verify the license was valid and in good standing. She stated, "No, not for all of them." She also stated that the problems identified had been previously identified as an area to work on and she had been trying to get everything in order. A copy of the facility policy was requested regarding criminal background checks and licensure verification. The corporate HR person stated that the policy was that the background checks and licensure verification should be done either on the day of hire or before, but at least within thirty days. The administrator stated that this was an area that they had been working on. She was asked if there was a plan of correction in place. She stated, "Yes." A copy of the plan was requested for the survey team to review.</p> <p>A meeting was held with the facility staff on 06/21/2017 at approximately 2:00 p.m. The administrator presented the plan of correction for the above information. She stated, "We identified this problem and we have been working with [Name of facility HR person]." She presented the facility plan of correction. She stated, "We</p>	F 001		

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F 001	<p>Continued From page 3</p> <p>started this on 05/05/2017 with a date of completion 05/20/2017...we reaudited on 06/16/2017 and determined that there was still a problem. Our new date of completion is 06/23/2017...we have met with [name of HR person] several times and unfortunately today we had to let her go...we will do a 100 percent audit of files to make sure everything is in place."</p> <p>The facility policy regarding abuse contained the following information regarding new hires:</p> <p>"5. PREVENTION. a) Criminal record checks are required for ALL employees. The Director of Human Resources will initiate a criminal records check at the time of employment by submitting the appropriate form(s) to each state's criminal background check agency. The record check must be received within 30 days of the date of employment...b) The Director of Human Resources will verify in writing from the Board of Nursing that the license/registration of all newly employed Registered Nurses, Licensed Practical Nurse, and Certified Nurse Aids is current and in good standing..."</p> <p>No further information was obtained prior to the exit conference on 06/22/2017.</p>	F 001		