

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495350</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/21/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HALL WISE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9434 COEBURN MOUNTAIN ROAD WISE, VA 24293</b>		
(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 was conducted on 2/21/18. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 97 bed facility was 88 at the time this inspection was conducted. The survey sample consisted of 25 employee files (Employee #1 thru Employee #25).	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: 12 VAC 5-371-140.  Based on staff interview and employee file review, the facility staff failed to obtain signed sworn statements, licensure verifications and/or reference checks for 4 of 25 newly hired employees (Employee #'s 7, 11, 12 and 25).  The findings included:  The surveyor reviewed 25 employee records that were newly hired within the past 2 years to the nursing facility. The surveyor noted the following areas of missing documentation in the employee files:  Employee #7 with a hire date of 8/16/16 was noted not to have reference checks completed. Employee #11 with a hire date of 1/16/18 was	F 001	<b>F001</b> <b>Corrective Action(s):</b> Employee #7, #11 and #12 have had reference checks completed per the facility policy. A facility Incident and Accident form has been completed for this incident.  Employee #25 identified in the employee file review has had their license verified with the Department of Health Professions and the printed copy was placed in the employee file. A facility Incident & Accident form has been completed for this incident.  <b>Identification of Deficient Practices &amp; Corrective Action(s):</b> All other employees may have been potentially affected. The Human Resources department will audit 100% of all active employee records to identify employees at risk. Any/all negative findings will be corrected at the time of discovery. A Facility Incident and Accident Report will be completed for any/all negative findings.		

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

TITLE

(X6) DATE

STATE FORM

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OX8G11

# continuation sheet 1 of 2

**RECEIVED**

**APR 09 2018**

**VDH/OLC**

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F 001	<p>Continued From Page 1</p> <p>noted not to have reference checks completed. Employee #12 with a hire date of 1/25/18 was noted not to have reference checks completed. Employee #25 with a hire date of 8/23/16 was noted not to have a license expiration date or a licensure verification from the Virginia Department of Board Professionals.</p> <p>The surveyor requested a copy of the facility's policy on hiring of new employees from the administrator on 2/21/18 at 2:15 pm.</p> <p>The surveyor received a copy of the facility's policy from the administrator at 2:30 pm. The policy read in part: "...Background, reference and credentials' checks should be conducted on employees prior to or at the time of employment, by facility administration, in accordance with applicable state and federal regulations ..."</p> <p>The human resource director, administrator, director of nursing and corporate nurse were notified by the surveyor of the above documented findings on 2/21/18 at approximately 4:45 pm.</p> <p>No further information was provided to the surveyor prior to the exit conference on 2/21/18.</p>	F 001	<p><b>Systemic Change(s):</b> The facility policy and procedure has been reviewed and no changes are warranted at this time. Administrative Staff, Department Managers and the HR department will be inserviced and issued a copy of the policy &amp; procedure regarding abuse prevention and pre-employment procedures by the Administrator. Administrative Staff and Department Heads extending employment without meeting the requirements of the established facility policy &amp; procedure will receive disciplinary action. Perspective employees will not be allowed to work until all required documentation has been obtained.</p> <p><b>Monitoring:</b> The Human Resources Manager is responsible for maintaining compliance. The Human Resources Director and/or designee will conduct monthly audits of all new hire employee files for each month to maintain compliance. The administrator will review all audits and report aggregate findings to the Quality Assurance Committee for review, analysis, and recommendations for changes in policy, procedure, and/or facility practice.</p> <p><b>Completion Date: April 6, 2018</b></p>		