

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/22/2018
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NAME OF PROVIDER OR SUPPLIER  HILLSVILLE HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 222 FULCHER STREET HILLSVILLE, VA 24343
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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	Initial Comments  An unannounced biennial State Licensure inspection was conducted 02/22/18. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.  The census in this 60 bed facility was 54 at the time of the survey.	F 000	<p>PREPARATION AND THIS SUBMISSION OF THE PLAN OF CORRECTION BY HILLSVILLE REHAB AND HEALTHCARE CENTER, LLC, DOES NOT CONSTITUTE ADMISSION OR AGREEMENT BY THE PROVIDER IF THE TRUTH OF THE FACTS ALLEDGED OR CORRECTNESS OF THE CONCLUSIONS SET FORTH ON THIS STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND SUBMITTED SOLELY PURSUANT TO THE REQUIREMENTS UNDER FEDERAL &amp; STATE LAWS.</p> <p style="text-align: center;"><b>RECEIVED</b> <b>MAR 23 2018</b> <b>VDH/OLC</b></p>	
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:</p> <p>The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5-371-140 (A, E.3.a and b.) Policies and procedures</p> <p>Based on staff interview, facility document review, employee record review, and the Code of Virginia the facility staff failed to complete employee criminal background checks within 30 days of hire through the Virginia State Police for 8 of 20 new hires (new hire #4, #8, #11, #14, #16, #17, #18, and #19), failed to complete license verifications for 2 of 20 new hires (new hire #8 and #11), failed to obtain a sworn statement for 1 of 20 new hires (#1), and failed to complete reference checks for 11 of 20 new hires (#1, #4, #7, #8, #11, #12, #13, #16, #17, #18, and #19).</p> <p>The findings included:</p> <p>The facility failed to screen employees prior to employment in regards to background checks, license verifications, sworn statements, and</p>	F 001		

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

TITLE

DATE

*J. Robert Cooper*

ADMINISTRATOR

3/21/18

STATE FORM 1-2011

VXFG11

If continuation sheet 1 of 7

State of Virginia

STATEMENT OF DEFICIENCIES (1) PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/22/2018
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F 001	<p>Continued From Page 1</p> <p>reference checks.</p> <p>Per the code of Virginia "...Any person desiring to work at a licensed home care organization as defined in § 32.1-162.7 or any home care organization exempt from licensure under subdivision 3 a or b of § 32.1-162.8...shall provide the hiring facility with a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or outside the Commonwealth...Such home care organization...within 30 days of employment, obtain for any compensated employees an original criminal record clearance with respect to convictions for offenses specified in this section or an original criminal history record from the Central Criminal Records Exchange. However, no employee shall be permitted to work in a position that involves direct contact with a patient until an original criminal record clearance or original criminal history record has been received, unless such person works under the direct supervision of another employee for whom a background check has been completed in accordance with the requirements of this section..."</p> <p>Code of Virginia updated June 29, 2017-"Criminal Records-Employment Barrier Crimes-State law (§32.1-126.01 and 32.1-162.9:1 of the Code of Virginia) requires that each...nursing home...obtain a criminal record background check on new hires within 30 days of employment. The law requires that these background checks be obtained using the Central Criminal Records Exchange from the Virginia State Police "</p> <p>Regulations for the Licensure of Nursing Facilities-12 VAC 5-371-140 (E.3.a and b.) "Personnel policies and procedures shall include, but are not limited to: 3. An accurate and complete personnel record for each employee including: a.</p>	F 001	<p>F 001</p> <p>1) It was determined during the survey visit of 2/22/18 that there were 8 of 20 new applicants and other hires missing documents as required by VAC 5-371-140 (A.E.3 a&amp;b) It was discovered that within the Employee files that license Verifications and references checks and other required documentation was missing as referenced in the VAC 5-371-140 required as "terms of Employment. We set about to do a complete QAPI Audit and POC to correct these areas and insure that we have QAPI QA measures in place to assure that going forward ALL the required documents are Included in all Employee Files.</p>	

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F 001	<p>Continued From Page 2</p> <p>Verification of current professional license ..b. Criminal record check."</p> <p>On 02/22/18, the surveyor reviewed 20 employee files. The surveyor was unable to find the following-</p> <ul style="list-style-type: none"> <li>New hire #1 (dietary employee)-No sworn statement and no reference checks.</li> <li>New hire #4 (registered nurse)-No criminal background check and no reference checks.</li> <li>New hire #7 (licensed practical nurse)-No reference checks</li> <li>New hire #8 and #11 (certified nursing assistant)-No criminal background check, no license verification, and no reference checks.</li> <li>New hire #12 and #13 (certified nursing assistants) no reference checks</li> <li>New hire #14 (registered nurse) Hire date 11/02/17 criminal background check completed greater than 30 days after employment on 12/18/17.</li> <li>New hire #16 (nursing assistant)-No criminal background check and no reference checks.</li> <li>New hire #17 (certified nursing assistant)-No criminal background check and no reference checks</li> <li>New hire #18 (certified nursing assistant)-Hire date 09/13/17 criminal background check completed greater than 30 days after employment on 10/23/17 and no reference checks.</li> <li>New hire #19 (certified nursing assistant)-Hire date 12/08/17 criminal background check completed greater than 30 days after employment on 01/22/18 and no reference checks</li> </ul> <p>The facility policy titled "ABUSE PREVENTION PROGRAM" read in part "...Screening...reference checks will be conducted on employees. criminal background checks will be conducted prior to permanent employment...A search of the State Aide Registry will be completed prior to permanent</p>	F 001	<p>2) An Audit of 100% of all Employee Files was completed and will be repeated as per our QAPI P&amp;P to assure that ALL Employee Files are in compliance and stay in compliance going forward. These are the steps implemented to assure continued uninterrupted Compliance.</p> <ul style="list-style-type: none"> <li>• Verification of all current Professional Licenses has been obtained and is currently included in ALL Employee files. RESULTS NOW INCLUDE: a) NH# 1 Dietary now includes a Sworn Disclosure and all reference checks. b) NH#4RN, now includes reference checks. CBC &amp; reference checks. c) NH #7 LPN now includes CBCs &amp; License Verifications &amp; reference checks. d) NH#8 &amp; #11 CNAs, now includes CBCs &amp; License Verification &amp; reference checks. e) NH 12 &amp; 13 CNAs now have reference checks. f) NH#14 RN, now has current CBC w/in designated 30 day period.</li> </ul>	

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AFFIRMATION OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;">495187</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;">02/22/2018</p>
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F 001	<p>Continued From Page 3</p> <p>employment... The board of nursing will be contacted for licensed nurse applicants to verify applicant is in good standing prior to the offer of employment..."</p> <p>On 02/22/18 at 10:35 a.m., the DON (director of nursing) verbalized to the surveyor that she had spoken with the dietary manager regarding new hire #1 and if the paperwork was not in the employees file, it had not been completed.</p> <p>On 02/22/18 at 12:00 p.m., the surveyor shared the concerns regarding the employee files with the administrator and DON.</p> <p>No further information regarding the incomplete employee files was shared with the surveyor prior to exit.</p> <p>12 VAC 5-371-150 (G) Resident Rights</p> <p>Based on staff interview and the code of Virginia the facility staff failed to register with the department of state police to receive automatic notifications of the registration or reregistration of any sex offender within the same or contiguous zip code area.</p> <p>The findings included</p> <p>The facility failed to register with the VSP (Virginia State Police) to receive automatic notification in regards to sex offenders.</p> <p>12 VAC 5-371-150 (G) "The nursing facility shall register with the Department of State Police to receive notice of the registration or reregistration of any sex offender within the same or contiguous zip code area in which the facility is located pursuant to § 9.1-914 Code of Virginia."</p>	F 001	<p>f) NH#16 NA, now has CBL &amp; reference checks. g) NH#17CNA, now has CBC &amp; all Reference checks. h) NH#18 CNA now has a current CBC and reference checks. NH#19 CAN now has current CBC &amp; reference checks.</p> <p>3) We have done a 100% audit of all employee files and included results in our monthly QAPI &amp; QA Process that includes but not limited to: Weekly audit of 100% of employee records to assure all parts of the Employee File stays in Compliance and will also include any "New Hires" to assure they adhere to same standards.</p> <p>4) Results of QAPI &amp; monthly audits of Employee files will be reviewed at the monthly QA meeting and results will become a permanent part of our monthly QA &amp; QAPI process.</p> <p>5) DATE OF COMPLIANCE 4/4/18.</p>	

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F 001	Continued From Page 4  On 02/22/18 at approximately 9:00 a.m. the surveyor requested from the DON (director of nursing) evidence that the facility had registered with the department of state police to receive notices of the registration or reregistration of any sex offender within the same or contiguous zip code area.  On 02/22/18 at approximately 10:10 a.m., the BOM (business office manager) verbalized to the surveyor that she did not get automatic notifications regarding sex offenders but stated she could access the database and review the sex offender website.  On 02/22/18 at approximately 10:55 a.m., the administrator verbalized to the surveyor that if he had not signed up to receive automatic notifications he would sign up.  On 02/22/18 at 11:40 a.m., the DON provided the surveyor with a copy of an email dated 02/22/18 at 11:29 a.m. from the VSP sex offender registry indicating they (the facility) had registered to receive automatic notifications.  No further information regarding this issue was provided to the surveyor prior to exit.  12 VAC 5-371-180 (A) Infection Control  Based on observation, staff interview, and facility document review, the facility staff failed to maintain an effective infection program.  The findings included.  The facility failed to ensure an effective infection control program.  During initial tour of the facility on 02/22/18 at	F 001	F 001 VAC-5-371-150 (G)  1) It was determined on the visit of 2/22/18 that the facility had not registered with VSP to receive automatic notifications in regard to the sex offender registry.  2) The Administrator presented the Surveyor with proof that the facility was now registered with the VSP to receive automatic notifications from VSP Sex Offender Registry.	

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STATE FORM

If continuation sheet 5 of 7

5) DATE OF COMPLIANCE:  
4/4/18.

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F 001	<p>Continued From Page 5</p> <p>approximately 9:00 a.m., the surveyor observed a plastic cart with PPE (personal protective equipment) outside of room # _____ (omitted). This cart included protective gowns, gloves, masks, sanitizer wipes, and alcohol based hand rub. Upon observing these items, the surveyor asked LPN (licensed practical nurse) #1 if someone was on isolation. LPN #1 verbalized to the surveyor that both of the Residents in this room had the flu. The surveyor did not observe any signage to notify visitors to see the nurse before entering the room.</p> <p>The surveyor approached the nurse's station and asked for the infection control nurse. The infection control nurse and the surveyor proceeded to the Residents room when asked the diagnosis of the Residents in the room the infection control nurse stated type B flu. While standing outside the doorway the surveyor asked the infection control nurse how a visitor to the facility would determine that these Residents were on isolation. The infection control nurse stated you would not know. When asked about the use of signage to alert a visitor to see the nurse before entering the room the infection control nurse stated she thought this was a HIPAA (health insurance portability and accountability act) violation. When asked what kind of isolation the Residents were on she stated contact. The facility policy/procedure regarding isolation was requested.</p> <p>On 02/22/18 at 9:20 a.m., the infection control nurse provided the surveyor with a copy of policy titled "ISOLATION" this policy read, "Residents will be placed on isolation according to CDC (center for disease control and prevention) guidelines.. "</p> <p>Per the CDC website accessed 02/22/18 "...Droplet precautions should be implemented for patients with suspected or confirmed influenza for</p>	F 001	<p><b>12 VAC5-371-180 (A) INFECTION CONTROL:</b></p> <p><b>1) During tour of 2/22/18 it was observed that proper notification was given under signage for "See Nurse Entering" which is how visitors, staff and families are notified of the presence of residents on ISOLATION!</b></p> <p><b>2) All residents that may be under ISOLATION precautions will be identified by signage outside of Residents door that clearly states: See Nurse before Entering, in accordance with our Infection Control P&amp;P. This will prevent and minimize</b></p>		

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F 001	Continued From Page 6  7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility. In some cases, facilities may choose to apply droplet precautions for longer periods based on clinical judgment, such as in the case of young children or severely immunocompromised patients, who may shed influenza virus for longer periods of time..."  The administrator and DON were notified of the concerns regarding infection control on 02/22/18 at 12:00 p.m.  No further information regarding this issue was provided to the surveyor prior to exit	F 001	the possibility of potential spread of ANY infections to resident or visitors entering building as per our INFECTION CONTROL P&PI  3) All staff will be in services to assure they are aware of Facility INFECTION CONTROL P&P and record of their attendance and content of facility In-service will be included in our In-service records to assure that a record is maintained of all staffing in services.  4) The Results of monthly staffing in services will be included in our monthly QA & QAPI meeting and submitted as a permanent record of our efforts for 100% continued Compliance.  5) DATE OF COMPLIANCE: 4/4/18.	