STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0264	A. BUILDING: _____ B. WING _____	03/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAVERLY HEALTH AND REHABILITATION CENTER	456 E MAIN ST WAVERLY, VA 23890

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F 000	Initial Comments An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 2/28/17 through 3/2/17. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. Two complaints were investigated during the survey. The census in this 120 certified bed facility was 83 at the time of the survey. The survey sample consisted of 14 current Resident reviews (Residents #1 through #14) and 4 closed record reviews (Residents #15 through #18).	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 5-371-110 Management and Administration 12 VAC 5-371-110 (B.1-3, C) Cross reference to F225 12 VAC 5-371-200 Nursing Director 12 VAC 5-371-200 (B) Cross reference to F281 12 VAC 5-371-220 Nursing Services 12 VAC 5-371-220 (B) Cross reference to F309 12 VAC 5-371-220 Nursing Services 12 VAC 5-371-220 (A) Cross reference to F329	F 001	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. 12 VAC 5-371-110 (B.1-3, C) Cross reference to F225	4/10/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/17/17

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F 001	Continued From page 1 12 VAC 5-371-290 Specialized Rehabilitative Services 12 VAC 5-371-290 (A) Cross reference to F406 12 VAC 5-371-300 Pharmaceutical Services 12 VAC 5-371-300 (A, H) Cross reference to F425 12 VAC 5-371-360 Clinical Records 12 VAC 5-371-360 (E) Cross reference to F514 COV 12 VAC 371-210 Nurse Staffing 12 VAC 371-210 F (1) Based on staff interview, facility documentation review and employee record review, the facility staff failed to verify licensure with DHP (Department of Health Profession) prior to or at the time of hire for one licensed staff member (Emp. #21) of 20 licensed/certified staff members. Emp. #21's speech therapy license was not verified with DHP until until four days after being hired on 6/6/16. The findings included: Emp. #21, a speech therapist, was hired by the facility 6/6/16. Review of her employee record revealed no verification of her license was performed by the facility until 6/10/16. When interviewed, Other E, the human resources staff member, stated 3/2/17 he thought Emp. 21's license was verified at the time of hire. Other E stated would contact the facility's corporate offices to determine if they had a verification, 3/2/17 at 11:26 a.m.	F 001	1- Resident #15 sustained a fracture on 6/10/16 and it was determined at that time by the physician that the fracture was related to the resident diagnosis of Osteopenia and Degenerative joint changes of the spine and scapula. 2- The DON or Designee will review shift report and Incident and Accident report of residents for any indication of injuries of unknown origin and ensure that these incidences are reported to the State Agency appropriately. 3- The DON or designee will educate all current licensed nursing staff on the procedure to follow in reporting injuries of unknown origin to the DON or designee so that the incident can be reviewed and reported to the State Agency as applicable. 4-The DON or designee will review shift report and Incident and Accident reports for residents on a weekly basis to ensure that any injuries of unknown origin are reported to the State Agency, as applicable. Results of the audits will be presented to the quarterly Quality Assurance committee for review and recommendation. 12 VAC 5-371-200 (B) Cross reference to F281 1- Resident #11 is receiving Xanax as ordered. The Lovenox order for resident #2 was corrected on 12/29/16. The Florastor order for Resident #1 was corrected on 3/1/17. 2- The Unit Manager or designee will audit current residents with new medication	

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F 001	Continued From page 2 The administrator stated 3/2/17 at 2:58 p.m., no verification with DHP at the time of Emp. 21's hire could be located. The administrator stated she knew the verification had occurred, prior to hire, but that "there was some problem" with the expiration date that had to be resolved. The administrator stated the first verification was not kept. Review of the facility's policy entitled "Processing New Employees" included: "All requirements for processing newly hired employees must be completed on time. PROCEDURE: 1. The following must be done prior to the beginning of Orientation: f. Verify licenses and certifications, if applicable. -Print website page for verification." The administrator, DON (director of nursing) and corporate consultant were informed of the failure of the staff to verify licensure with DHP for Emp. 21 (a speech therapist), at the time of or prior to hire, 3/2/17 at 11:05 a.m.	F 001	orders to ensure that the medication is received from the pharmacy and administered timely. The UM or designee will audit new medication orders to ensure that they are transcribed correctly. 3- The DON or designee will educate all licensed nursing staff on notifying the pharmacy of new medication orders for timely delivery and administration of the new medication. The licensed nursing staff will also be educated on proper transcription of medication orders. 4- The Unit Manager or designee will review new medication orders on a weekly basis for residents to ensure that the medication is delivered and administered timely. The UM or designee will review new orders on a weekly basis to ensure that they are transcribed correctly as ordered by the physician. Results of the audits will be presented to the quarterly Quality Assurance committee for review and recommendation. 12 VAC 5-371-220 (B) Cross reference to F309 1- Resident #1 is currently receiving Insulin as ordered. 2- The Unit Manager or designee will audit current residents with Insulin orders to ensure that Insulin is administered according to the parameters per physician orders. 3- The DON or designee will educate all licensed nursing staff on correctly following physician- ordered Insulin parameters. 4- The Unit Manager or designee will review residents with Insulin orders on a	

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F 001	Continued From page 3	F 001	weekly basis to ensure that the Inulin is administered according to the parameters per the physician orders. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations. 12 VAC 5-371-220 (A) Cross reference to F329 1- Resident #6 is receiving Carvedilol as ordered. Resident #3 is receiving Hydralazine as ordered. 2- The Unit Manager or Designee will audit the medication administration records for current residents receiving hypertension medications to ensure that they are administered and documented appropriately as ordered and the blood pressures are obtained and documented appropriately. 3- The DON or Designee will educate all licensed nursing staff on following physician ordered parameters with the administration of hypertension medication and documenting the administration or findings appropriately on the medication administration record. 4- The Unit Manager or designee will review the medication administration records for current residents receiving hypertension medications to ensure that they are administered and documented appropriately as ordered and that blood pressures are obtained and documented appropriately on a weekly basis. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations	

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F 001	Continued From page 4	F 001	12 VAC 5-371-290 (A) Cross reference to F406 1- Resident #6 is receiving Restorative nursing for mobility and transfers. 2- The Rehabilitation Manager or Designee will audit current residents showing a decline in activities of daily living to determine if the resident could benefit from rehabilitative services. 3- The DON or Designee will educate the Interdisciplinary team on reviewing residents showing a decline in activities of daily living and determining if they could benefit from rehabilitative services. 4- The Rehabilitation Manager or designee will review current residents showing a decline in activities of daily living to determine if the resident could benefit from rehabilitative services The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations 12 VAC 5-371-300 (A, H) Cross reference to F425 1- Resident #11 has ordered medications available for administration. The route of administration for Lovenox was clarified for Resident #2 on 12/29/16. 2- The Unit Manager or designee will audit the medication administration records for current residents to ensure that they have medications available for administration. The Unit Manager or designee will audit current residents receiving Lovenox to ensure the order is transcribed correctly.	

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F 001	Continued From page 5	F 001	3- The DON or Designee will educate all licensed nursing staff on the process of ordering and refilling medications from the pharmacy. The Licensed nursing staff will be educated on proper transcription of medication orders. The Pharmacy Director or designee will educate Pharmacy staff on the process involving receipt of electronic orders, identification of inaccuracies or clarification needed and notification identified issues to facility nurses for making needed modifications. 4- The Unit Manager or designee will review the medication administration records and shift reports for current residents on a weekly basis to ensure that medications are available for administration. The Unit Manager or designee will review new medication orders on a weekly basis to ensure that the orders are transcribed correctly. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations 12 VAC 5-371-360 (E) Cross reference to F514 1-Showers and baths for Resident #1 are being documented appropriately. The route of administration for Lovenox was clarified for Resident #2 on 12/29/16. The Pharmacist consultant corrected the pharmacy note to review the report for any noted pharmacy recommendations and/or irregularities for resident #6, #13, #7, #5. 2- The Unit Manager or designee will audit the documentation for current residents to ensure that baths and	

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F 001	Continued From page 6	F 001	showers are accurately documented. The DON or designee will audit the medical record for current residents to ensure that the consultant pharmacist accurately documented the medication regimen review in the medical record. 3 □ The DON or designee will educate all CNA□s and Licensed nursing staff on proper documentation of baths and showers. The Pharmacy Clinical Manager or designee will educate the consultant pharmacists on appropriate technique for documentation of recommendations in the electronic records. 4 □ The Unit Manager or designee will audit the documentation for current residents to ensure that baths and showers are accurately documented on a weekly basis. The DON or designee will audit the medical record for current residents to ensure that the consultant pharmacist accurately documented the medication regimen review in the medical record on a monthly basis. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations. 12 VAC 371-210 F (1) 1-The licensure for Employee #21 was verified on 6/10/16. 2-The Human Resource Director will audit current employee files to ensure that licensure was verified for all licensed staff before hire. 3- The Administrator will educate the Human Resource Director on obtaining licensure verification before hiring staff. 4-The Human Resource Director will audit	

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F 001	Continued From page 7	F 001	newly hired employees on a monthly basis to ensure that the licensure was verified prior to hire. The results of the audits will be presented to the quarterly Quality Assurance Committee for review and recommendations.	