

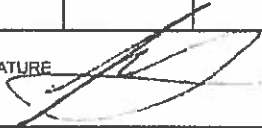
State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/29/2018
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NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE OF TAPPAHANNOCK	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 MARSH STREET TAPPAHANNOCK, VA 22560
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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 was conducted 11/27/2018 through 11/29/2018. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 60 licensed bed facility was 56 at the time of the survey. The survey sample consisted of 20 Resident reviews.</p>	F 000	<p>This plan of correction our constitutes our Credible Allegation of Compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared solely because it is required by the provision of federal and state laws.</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: 12VAC5-371-310(b). Please cross reference to F773.</p> <p>COV 12 VAC 5 371-210 (F) & 210 (E)</p> <p>Based on staff interview and facility documentation review, the facility failed to be in compliance with verification of licensure/certification, prior to hire, for 2 Certified Nursing assistants (CNAs), and 1 Licensed Practical Nurse (LPN), in a sample of 25 employee records.</p> <p>The findings included:</p> <p>During the second day of survey, the DON (director of nursing) was asked to provide 25 employee records chosen by the surveyor. Those records were supplied on the third day, and were reviewed.</p> <p>The records revealed that Licensure verification checks through the Virginia Department of</p>	F 001	<ol style="list-style-type: none"> 1. The licensed nurse (LPN) and two Certified Nursing Assistants licenses were verified again on 12/12/2018. 2. An audit was complete on 12/12/2018 of the last six months of nursing personnel hired with no further deficiencies noted. 3. An education in service was provided to human resources and assistant regarding license verification and background checks prior to hire within thirty days. Human resources and/or assistant will audit five files including new hires weekly for license verification. 4. Findings of weekly audits will be reported to the QA committee, who will determine the need and/or duration of future audits. 5. Compliance date: 12/12/2018. 	

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



TITLE Administrator

(X6) DATE 12/14/18

State of Virginia

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F 001	<p>Continued From page 1</p> <p>Healthcare Professions (DHP) for the LPN was obtained the day after her hire, and the original certification for the 2 CNAs were either missing, or, checked after hire. The Director of Human Resources was asked to be interviewed regarding the documents.</p> <p>When interviewed, the Human Resources (HR) Director stated that the licensure checks were being obtained by an assistant in a office other than the human resources office, and were kept in 2 places. She stated that the documents were being lost when transitioning to the HR office. She further stated that the system they were using was going to be changed to assure more accurate record keeping.</p> <p>The administrator and DON were informed of the failure of the staff to be in compliance with COV 12 VAC 5 371 210, (F), and (E), on 11-29-18 at 11:10 a.m.</p>	F 001		